



University of Virginia Fund

MONTHLY INSTALLMENT PROGRAM CREDIT CARD ENROLLMENT FORM

Please print this page, complete and send or fax to:

U.Va. Fund
c/o Jennifer Bonenfant
PO Box 400314
Charlottesville, VA 22904-4314
or fax: 434-243-9080

Personal Information:

Name:
Home Address:
City/State/Zip:
Home Phone:
Email Address:

Employment Information:

Company:
Job Title:
Work Address:
City/State/Zip:
Work Phone:

Credit Card Information:

Credit Card: [] VISA [] MasterCard [] American Express

Account Number Expiration Date

Your card will be charged on or near the 15th of every month.

Gift Designation:

I/We wish to make monthly gift payments of \$_____ on my/our credit card.

For a period of: [] 6 months [] 12 months [] 24 months [] 36 months [] until I request that you stop

For recognition in various Gift Clubs, the University operates on a fiscal year running from July 1 to June 30. Each monthly gift payment will be recognized in the fiscal year in which it was received.

Please direct my gift as follows:

- \$_____ School of Architecture
\$_____ College/Graduate Arts & Sciences
\$_____ School of Continuing & Professional Studies
\$_____ Curry School of Education Foundation
\$_____ Darden School Foundation
\$_____ Virginia Engineering Foundation
\$_____ Law School Foundation
\$_____ McIntire School of Commerce Foundation
\$_____ School of Medicine
\$_____ School of Nursing
\$_____ University of Virginia College at Wise Foundation
\$_____ President's Fund for Excellence
\$_____ University of Virginia, General Need
\$_____ Historic Buildings & Gardens
\$_____ Non-Alumni Parents Program
\$_____ University Art Museum (Bayly)
\$_____ University Library
\$_____ University Medical Center
\$_____ University of Virginia Alumni Association
\$_____ Virginia Student Aid Foundation
\$_____ Women's Center
\$_____ Other:

\$_____ TOTAL OF CONTRIBUTIONS



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Accreditation:

Should your spouse also receive credit for these gifts? yes no

Matching Gifts:

Many employers offer a matching gift program that can double or even triple your gift, and you will receive credit for your employer's contribution. To find out if your company or your spouse's company matches gifts, contact the company's human resources department.

Does your company match gifts? yes no

Company name: _____

Authorization:

This authorization will remain in full force and effect until the University of Virginia Fund has received written notification from me (or either of us) of its modification or termination in such time and in such manner as to afford the University of Virginia Fund a reasonable opportunity to act on it.

Signature

Signature, if Joint Account

Privacy Statement:

Information provided on this form will be used by the University of Virginia Fund solely for the purpose of crediting you correctly for your gift. Personal information contained in the University of Virginia Fund's records will not be shared with outside parties.