



Make a Gift Using a Bank Draft

Authorization Agreement for Electronic Gift Payments to
The University of Virginia's College at Wise
(To be processed through the University of Virginia)

Please complete and mail this form to the address below:
The University of Virginia's College at Wise
Office of Advancement & Alumni Engagement
1 College Avenue
Wise, VA 24293

Questions? Call 276.376.4523

Your Information:

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Business phone _____

Cell Phone _____ E-mail _____

Total \$ _____ pledged to The University of Virginia's College at Wise or its Foundation.

The University of Virginia's College at Wise Fund Designation:

Greatest Needs General Scholarship Campus Improvement Athletics
 Academic Department: _____ Other: _____
Project # (UVA-Wise Staff will insert this info): _____

Bank Information:

I/We authorize the University of Virginia to initiate debt entries to my/our bank account established at:
Financial Institution _____
Address/Branch Office _____
City _____ State _____ Zip _____
Transit/ABA Number _____ Account Number # _____
Type of Account Checking Savings **PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP**

**I/We wish to make monthly electronic gift payments of \$_____ posting to my/our account
for a period of:** 6 months 12 months 24 months 36 months until I request that you stop
 Other: _____ months (write in number months desired, 6 month minimum)

Your gift deductions will begin 30 to 45 days after this initial authorization is processed. Deductions will take place on or about the 10th of each month. Your bank statement will itemize the drafts when they occur. Gift receipts will be issued reflecting your gift designation choices.

This is a joint gift. Please also credit: _____
 I wish to make this gift anonymously.
 I have enclosed a matching gift form from my employer. See your employer's Human Resources Department to find out if your company matches charitable contributions. Matches count toward society giving levels for donor(s).

Authorization:

This authorization will remain in full force and effect until the University of Virginia 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 a reasonable opportunity to act on it.

Signature _____ Date: _____

Signature, if joint account _____ Date: _____

Thank you for your gift to UVA-Wise!

Gifts are processed through the University of Virginia, UVA Gift Processing Services,
PO Box 400331, Charlottesville, VA 22904-4331, Phone: 434-924-7018, Email: uvagps@virginia.edu