



# 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 Development & College Relations  
1 College Avenue  
Wise, VA 24293

Questions? Call 276.328.0129

### 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 10<sup>th</sup> 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!**

FOR OFFICE USE ONLY, FUND IS LOCATED AS FOLLOWS:  
\_\_\_\_ UVa-Wise  
\_\_\_\_ UVa-Wise Foundation