

2017 VAF ANNUAL FUND

Donor Number _____

Account Name _____

Preferred Address Line 1 _____

Preferred Address Line 2 _____

City/State/Zip _____

Home Phone _____

Business Phone _____

Cell Phone _____

Email Address _____

I would like my name published as: _____

Example: Mr. and Mrs. John T. Doe; Ms. Jane Doe; John and Jane Doe; or Anonymous

I am a student-athlete alumnus; I participated on the following team(s): _____

I wish to waive my right to benefits for which I am eligible: Yes No
Benefits include priority points, tickets, parking, *Cavalier Corner*, etc.

I would like to take advantage of the UVA Young Alumni Dollar-for-Dollar Matching Gift Program. (Visit VirginiaAthleticsFoundation.com under Membership Center for details.)

Graduation Year: 2014 2015 2016 2017

This graduation year is: Undergraduate Graduate

For Undergraduates: Matching gifts are given for 4 years beginning with the graduation year.

For Graduate students: Matching gifts are given for 2 years beginning with the graduation year.
Matching gift maximum is \$5,000 per year.

MY 2017 GIFT:

My employer _____ will match my gift
in the amount of \$ _____

My 2017 Gift: \$ _____

My Employer's Matching Gift: \$ _____

TOTAL 2017 COMMITMENT: \$ _____

My total 2017 gift should be designated as follows:

\$ _____ Unrestricted (includes Football and Men's Basketball)

Friends Of programs to be allocated for the operational and scholarship needs of the Olympic sport(s) shown below:

\$ _____ Baseball

\$ _____ Women's Basketball

\$ _____ Cheerleading/Dance

\$ _____ Men's CC/T&F

\$ _____ Women's CC/T&F

\$ _____ Field Hockey

\$ _____ Men's Golf

\$ _____ Women's Golf

\$ _____ Men's Lacrosse

\$ _____ Women's Lacrosse

\$ _____ Rowing

\$ _____ Men's Soccer

\$ _____ Women's Soccer

\$ _____ Softball

\$ _____ Men's Swimming & Diving

\$ _____ Women's Swimming & Diving

\$ _____ Men's Tennis

\$ _____ Women's Tennis

\$ _____ Volleyball

\$ _____ Wrestling

Please call me, I'm interested in learning more about:

Planned Giving

Endowment

Coaches 10

Facility Projects

PAYMENT INFORMATION

Enclosed check amount \$ _____ payable to Virginia Athletics Foundation

Amount to be charged on my credit card NOW \$ _____ American Express, Discover, Visa, MasterCard

Card # _____ Exp. Date _____

Please send a reminder for the balance due: Quarterly in December only

To make a one-time gift or incremental payments by credit card visit www.VirginiaAthleticsFoundation.com and enter your gift and payment schedule.