2017 CAVALIERS FOR LIFE COMMITMENT

Donor Number	
Account Name	
Preferred Address Line 1	
Preferred Address Line 2	I WILL COMMIT TO THE CAVALIERS FOR
<u>City/State/Zip</u>	
Home Phone	4 years \$ each year (2017, 2018, 2019, 2020)
Business Phone	
Cell Phone	3 years \$each year (2017, 2018, 2019)
Email Address	(2047, 2040)
Local difference and Education	2 years \$each year (2017, 2018)
I would like my name published as:	1 years \$ (2017)
Example: Mr. and Mrs. John T. Doe; Ms. Jane Doe; John and Jane Doe; or Anonymous	(2017)
	☐ I would like to designate my gift(s) to go towards the Friends Of program
I am a student-athlete alumnus; I participated on the following team(s):	for the following sport(s)
	Gifts to Men's Basketball and Football are unrestricted and will be allocated to the Annual Fur
I wish to waive my right to benefits for which I am eligible: Yes No Benefits include priority points, tickets, parking, Cavalier Corner, etc.	
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☐ I would like to take advantage of the UVA Young Alumni Dollar-for-Dollar Matching	
Gift Program. (Visit Virginia Athletics Foundation.com under Membership Center for details.)	Cavaliers for Life
Graduation Year: 2014 2015 2016 2017	or an annual of the same of th
This graduation year is:	
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.	

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.		

