

# BETA-PI CAPITAL CAMPAIGN

## THE NEXT 50 YEARS

SIGMA PI FRATERNITY & THE UVAFUND

### MONTHLY INSTALLMENT PROGRAM BANK ACCOUNT ENROLLMENT FORM

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

**U.Va. Fund**  
**P.O. Box 400314-4314**  
**Charlottesville, VA 22904**  
**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: \_\_\_\_\_

**Bank Information:**

I authorize the Alumni Association to initiate debit entries to my/our bank account established at the financial institution indicated below:

Financial Institution: \_\_\_\_\_ Address/Branch Office: \_\_\_\_\_

Account Number: \_\_\_\_\_ Transit/Routing Number: \_\_\_\_\_

Type of Account:       Checking       Savings

(MUST ATTACH A VOIDED DEPOSIT SLIP)

**Gift Designation:**

I/We wish to make monthly gift payments of \$\_\_\_\_\_ posting to my/our account.

For a period of:     12 months     24 months     36 months     48 months     60 months (5 year pledge)

*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.*

**The total of my pledge to the Sigma Pi Fund (FSOD 218) is \$ \_\_\_\_\_**

Please ensure that the second page of this form is completed and submitted.

# BETA-PI CAPITAL CAMPAIGN

## THE NEXT 50 YEARS

SIGMA PI FRATERNITY & THE UVAFUND

### MONTHLY INSTALLMENT PROGRAM BANK ACCOUNT ENROLLMENT FORM

Page 2

**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.*