Giving to the Alumni Association by check

Please print this page. Complete the form and mail it, along with your check to:

UVA Alumni Association PO Box 400314 Charlottesville, VA 22904-4314

Please make the check out to UVA Fund and write "Alumni Association Gift" (or your desired fund recipient) on the memo line of the check.

BIOGRAPHICAL INFORMATION

Name		
Address		
City State	Zip Code	We will not share
Email Address		your email address or phone number
Phone (home)	Phone (mobile)	:
Phone (business)		
Please update my record with this informati	ion	
I wish to make my gift anonymous		
MATCHING GIFTS		
	that can double or even triple your gift, and you tion. To find out if your company (or your spouse's) esources department.	
Yes, my company will match the gift		
If yes, company name		
No, my company does not provide matching	gifts	

Thank you for your generosity!



CONTACT:

alumni.virginia.edu/give/alumni-association (434) 243-9000

