



ALL IN FOR EXCELLENCE



Cavalier Legacy

I am pleased to provide this information and agree to notify the Virginia Athletics Foundation of any changes to this plan. This gift is a revocable gift, and I understand that the information I have provided does not in anyway legally obligate me or my estate.

Name _____

Address _____

City, State, Zip _____

Home Telephone _____

Business Telephone _____

Email Address _____

I have included the Virginia Athletics Foundation in my plans as follows:

Bequest

Trust

Retirement Plan

Other

Life Insurance

Estimated Gift Value to VAF: \$ _____

I would like my gift to be used to support: _____

Signature _____ Date _____