

2024 ANNUAL FUND

Account Number _____
 Account Name _____
 Preferred Address Line 1 _____
 Preferred Address Line 2 _____
 City/State/Zip _____
 Business Phone _____
 Cell Phone _____
 Email Address _____

I would like to remain anonymous

I wish to waive my right to benefits for which I am eligible: Yes No
 (Benefits include priority points, right to purchase tickets, parking, etc.)

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

Matching gift credit (up to \$5,000/year) given for 5 years beginning with grad year. (2020 - 2024)

All donors who give \$100+ will receive a digital version of Cavalier Corner Magazine.

I would like a printed version of Cavalier Corner Magazine.

MY 2024 GIFT:

Your 2023 Annual Fund commitment was _____
 Your 2024 Annual Fund commitment to date is _____
 My 2024 Annual Fund commitment will be:
 110% _____ Next Level _____
 Renewal _____ Other _____
 My employer _____ will match my gift
 in the amount of \$ _____

TOTAL 2024 COMMITMENT:

\$ _____

My total 2024 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	\$ _____ Men's Soccer
\$ _____ Women's Basketball	\$ _____ Women's Soccer
\$ _____ Cheerleading/Dance	\$ _____ Softball
\$ _____ Men's CC/T&F	\$ _____ Men's Squash
\$ _____ Women's CC/T&F	\$ _____ Women's Squash
\$ _____ Field Hockey	\$ _____ Men's Swimming & Diving
\$ _____ Men's Golf	\$ _____ Women's Swimming & Diving
\$ _____ Women's Golf	\$ _____ Men's Tennis
\$ _____ Men's Lacrosse	\$ _____ Women's Tennis
\$ _____ Women's Lacrosse	\$ _____ Volleyball
\$ _____ Rowing	\$ _____ Wrestling

I'm interested in learning more about: Sport Enhancement Funds Endowments Facilities Master Plan
 Major Giving Society NIL Planned Giving Cavalier Academic Achievement Fund

For more information, go to VirginiaAthleticsFoundation.com and VirginiaSportsMP.com.

AUTO-RENEWAL PLEDGE OPTION

Please include me in the VAF's pledge auto-renewal program. At the beginning of each calendar year, or until I choose to opt out, my pledge will be entered in the amount of \$ _____. The same designations as noted above will be used each year.

In addition, charge my credit card \$ _____ Monthly/Quarterly Notes _____

PAYMENT INFORMATION

Enclosed check amount \$ _____ payable to Virginia Athletics Foundation

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

Name on card _____ Card # _____ Exp. date _____

Store my credit card information Use my credit card information one time only Notes _____

I would like to increase the impact of my gift by covering my credit card processing fee. Please increase my gift by \$5 \$25 Other _____

Or visit www.VirginiaAthleticsFoundation.com to make a one-time gift or incremental payments by credit card. Balance reminders will be sent quarterly. [CODE 24]