

Name						
Address						
Phone						
□ \$25,000	□ \$50,000	□ \$ 100,000				
□ \$250,000	□ \$500,000	□ \$1,000,000	☐ Other \$			
SCAN ME 7	Designation:					
Visit the Virginia Athletics Foundation site to make a pledge payment once Letter	☐ AD Excellence Fund		☐ Capital			
	☐ Sport Enhancement		☐ Endowment			
	☐ Name, Image, and Likeness (NIL)*		☐ Annual Fund Scholarship Club**			
of Commitment is submitted.	☐ Oth	er				
dditional Gift Details:						
Donor Signature			Date			
VAF Staff Signature			Date			
ED Signature			Date			
roject, the VAF will contact the donor to	discuss future giving options. Unfuements for seating and parking be	ulfilled pledges will result in the loss of bo	aigns. In the event there is a change in a particular nus Priority Points. Gifts to the Sabre Society are abov nust fulfill their Annual Fund pledge in addition to their			
NTERNAL USE ONLY						
Advance ID #	PAC ID #					
00:	Alloca	ation:				
00 Notes:						

^{*}Effective July 1, 2024 for donations made to Cav Futures Foundation.
**Will be recognized as Sabre Society Members for the year in which one's Annual Fund commitment is made and subject for renewal annually.



Snirt Size #1	(M/W)	Shirt Size #2	(M/W)
Birthday(s)		Wedding Anniv	ersary
I wish to remain anonymou	s for this gift:	Yes 🗌 No	
Will gift be paid through a	donor-advised fund o	r family foundation?	☐ Yes ☐ No
Name of financial institution	n/foundation:		
or family foundations that would be permi-	tted by the IRS. The IRS only per	mits gifts from these giving vehicles	t payments from donor-advised funds or private, charitable that would otherwise be fully deductible for income tax itions if they are associated with benefits including the rigi
☐ I intend to apply for a m	natching gift from: $_$	COMPAI	NY NAME
My company will match			
PAYMENT INFORMATION	N		
My/Our gift will be paid in	the following manner	·:	
☐ Amount enclosed \$			
☐ The balance to be p	aid in equal inst	allments beginning	and ending (Maximum of 5 year
Please make checks payable to a Athletics Foundation office for ins	_	ndation. For wire transfer or g	gifts of securities, please contact the Virginia
Please charge my credi	t card \$	now/monthly/qua	rterly/annually. (Circle one)
☐ I wish to pay an ext	ra \$	_ to help VAF offset cre	edit card fees.
Name on credit	card:		
		Cypiratio	on date:
Card number: _		Expiration	iii date.
Card number: _ New Commitment		ommitment 2 nd	