



# LETTER OF COMMITMENT

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

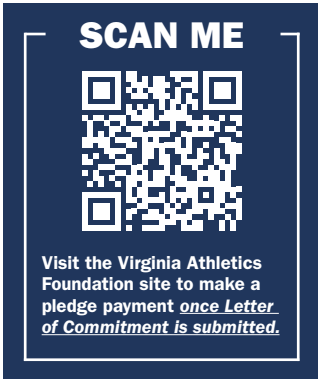
Phone  Cell  Home  Work \_\_\_\_\_ **Text Opt-In?** Yes No

*Don't miss a moment. Stay up-to-date with important Sabre Society updates*

Preferred Sabre Society email: \_\_\_\_\_

### I would like to support Virginia Athletics through a gift to the Virginia Athletics Foundation:

- \$25,000
- \$50,000
- \$100,000
- \$250,000
- \$500,000
- \$1,000,000
- Other \$ \_\_\_\_\_



### Designation:

- AD Excellence Fund
- Capital
- Sport Enhancement
- Endowment
- Annual Fund Scholarship Club\*
- Other \_\_\_\_\_

Additional Gift Details: \_\_\_\_\_

Yes No **Interested in Cavalier Legacy?** Cavalier Legacy recognizes forward-thinking donors who support Virginia Athletics through financial and estate planning, often enabling them to make a greater impact than they thought possible during their lifetime. To learn more, check "Yes".

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

VAF Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

ED Signature \_\_\_\_\_ Date \_\_\_\_\_

Virginia Athletics, the Virginia Athletics Foundation, and the University have final approval on all facility related campaigns. In the event there is a change in a particular project, the VAF will contact the donor to discuss future giving options. Unfulfilled pledges will result in the loss of bonus Priority Points. Gifts to the Sabre Society are above and beyond any existing donation requirements for seating and parking benefits through the Annual Fund. Donors must fulfill their Annual Fund pledge in addition to their Sabre Society pledge. Sabre Society membership term is 5 years.

### INTERNAL USE ONLY

Advance ID # \_\_\_\_\_ PAC ID # \_\_\_\_\_

DO: \_\_\_\_\_ Allocation: \_\_\_\_\_

DO Notes: \_\_\_\_\_

\*Will be recognized as Sabre Society Members for the year in which one's Annual Fund commitment is made and subject for renewal annually.



# STEWARDSHIP & PAYMENT

**Publish Name** (Used for Donor Recognition)

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**Shirt Size #1** \_\_\_\_\_ (M/W)    **Shirt Size #2** \_\_\_\_\_ (M/W)

**Birthday(s)** \_\_\_\_\_ **Wedding Anniversary** \_\_\_\_\_  
Your birthday (mm/dd/yyyy)    Spouse's birthday (mm/dd/yyyy)    (mm/dd/yyyy)

I wish to remain anonymous for this gift:     Yes     No

Will gift be paid through a donor-advised fund or family foundation?     Yes     No

Name of financial institution/foundation: \_\_\_\_\_

We welcome gifts from donor-advised funds, community funds, and family foundations. The VAF can only accept payments from donor-advised funds or private, charitable, or family foundations that would be permitted by the IRS. The IRS only permits gifts from these giving vehicles that would otherwise be fully deductible for income tax purposes. IRS regulations prohibit the VAF from accepting gifts from donor-advised funds and charitable foundations if they are associated with benefits including the right to purchase tickets to home games.

I intend to apply for a matching gift from: \_\_\_\_\_  
COMPANY NAME

My company will match my gift at \_\_\_\_\_ %

## PAYMENT INFORMATION

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My/Our gift will be paid in the following manner:

Amount enclosed \$ \_\_\_\_\_

The balance to be paid in \_\_\_\_ equal installments beginning \_\_\_\_\_ and ending \_\_\_\_\_. (Maximum of 5 years.)

Please make checks payable to the Virginia Athletics Foundation. For wire transfer or gifts of securities, please contact the Virginia Athletics Foundation office for instructions.

Please charge my credit card \$ \_\_\_\_\_ now/monthly/quarterly/annually. (Circle one)

I wish to pay an extra \$ \_\_\_\_\_ to help VAF offset credit card fees.

Name on credit card: \_\_\_\_\_

Card number: \_\_\_\_\_    Expiration date: \_\_\_\_\_

New Commitment     Upgraded Commitment     2<sup>nd</sup> Membership Term

Additional comments and instructions: \_\_\_\_\_

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