

BLUE & WHITE FUND FOOTBALL GAME DAY BENEFITS 2019 CONTRIBUTION FORM

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE [HOME/BUSINESS/CELL] _____ EMAIL _____

My Game Day Benefits contribution is:

Acct # 9361-878226

A written confirmation of your contribution will be forwarded upon receipt.

ANNUAL CONTRIBUTION INFORMATION Please complete option A, B or C.

A **Payment-in-full enclosed**
Please make checks payable to UB Foundation

B **Payment by credit card**

Visa Mastercard Discover American Express

NAME ON CARD [PLEASE PRINT]

ACCOUNT NO. _____ EXP. DATE [00/00] _____ SEC _____

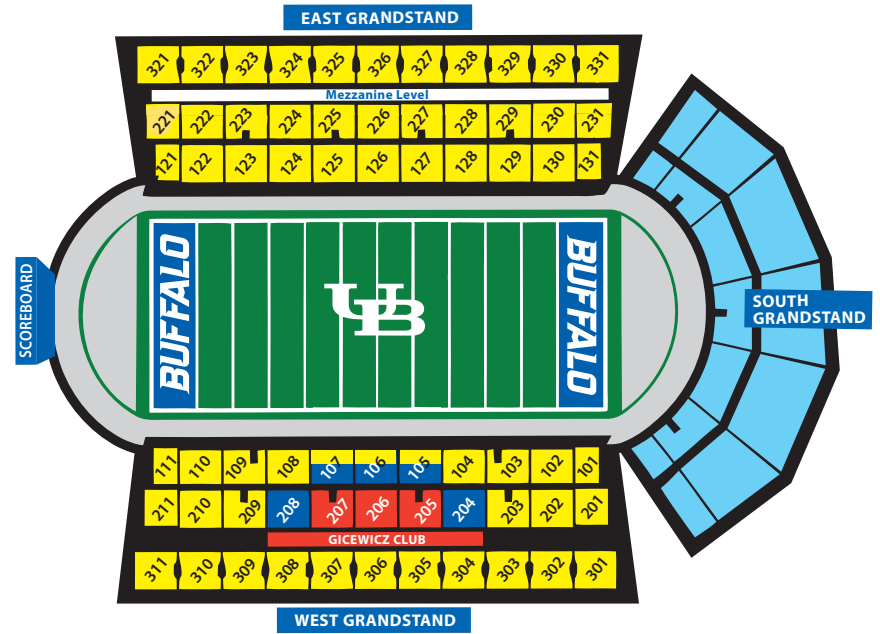
SIGNATURE

C **UB Employee Payroll Deduction**
Payroll deduction forms are available on the UB Athletic Development link at www.BullsBWF.com

ADDITIONAL OPTIONS

My/my spouse's employer will match my contribution.
For more information: www.giving.buffalo.edu/matching

Employer: _____



REMINDER: Sections 105 - 107 (Rows J-P) & Sections 204 and 208 are the Blue & White Priority Seats - requires a minimum contribution of \$100 per seat to the Football Game Day Benefits Fund. Sections 205, 206 and 207 is the Gicewicz Club @ UB Stadium - requires a minimum contribution of \$1,000 per seat.

To see all football game day benefits, please refer to the enclosed renewal brochure.

For additional information please contact the Blue & White Fund:

ph 716-645-6867 fax 716-645-2320 BullsBWF.com



UNIVERSITY AT BUFFALO
BLUE & WHITE FUND

202 Alumni Arena
Buffalo, NY 14260-5000

THANK YOU FOR YOUR SUPPORT!