



Annual Giving Programs

I am delighted to support the Annual Fund with a gift of \$ _____

Name: _____ School/Year: _____ Email: _____

Maiden Name: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

This is a joint gift

Spouse/Partner: _____ School/Year: _____ Email: _____

Spouse/Partner Signature: _____ Date: _____

(Signature required if joint gift and for joint honor roll listing)

I/We prefer to remain anonymous This is a pledge. I would like to make my gift in the month of _____

Method of Payment (Choose One)

Enclosed is \$ _____ *(Please make checks payable to the University of Rochester)*

Annual payments are due during our fiscal year (July 1, 2010 - June 30, 2011)

Please charge \$ _____ to my credit card: Visa MasterCard Discover AmEx

Name as it appears on card: _____ Expiration Date: _____

Card Number: _____ Signature: _____

EFT Checking Savings

Monthly Quarterly Signature to authorize _____

(Please include a voided personal check or a checking/savings account withdrawal slip)

Donor Advised Fund: Intend to recommend annual payments from _____

Payroll Deduction: (UR staff only): Signature to authorize _____

Appreciated Securities: *Please contact Debra Rossi at (585) 275-3903 or (866) 673-0181 (toll free)*

My gift will be matched by _____

(Please include your company's matching gift form)

You may also go online to make your gift at www.rochester.edu/annualfunds or mail form to: University of Rochester, Alumni and Advancement Center, Office of Gift and Donor Records, P.O. Box 270032, Rochester, NY 14627-0032



Please select the area(s) you wish to support and indicate the annual dollar amount to be designated for each. If amount is unspecified, your gift will be distributed equally among your designations.

- | | |
|---|---|
| <input type="checkbox"/> \$ _____ Rochester Annual Fund | <input type="checkbox"/> \$ _____ School of Medicine & Dentistry |
| <input type="checkbox"/> \$ _____ School of Arts and Sciences | <input type="checkbox"/> \$ _____ David and Ilene Flaum Eye Institute |
| <input type="checkbox"/> \$ _____ Edmund Hajim School of Engineering & Applied Sciences | <input type="checkbox"/> \$ _____ School of Nursing |
| <input type="checkbox"/> \$ _____ Rochester Parents Fund | <input type="checkbox"/> \$ _____ Strong Memorial Hospital |
| <input type="checkbox"/> \$ _____ Friends of Rochester Athletics | <input type="checkbox"/> \$ _____ Golisano Children's Hospital |
| <input type="checkbox"/> \$ _____ River Campus Libraries | <input type="checkbox"/> \$ _____ James P. Wilmot Cancer Center |
| <input type="checkbox"/> \$ _____ Eastman School of Music | <input type="checkbox"/> \$ _____ Eastman Institute for Oral Health |
| <input type="checkbox"/> \$ _____ Eastman Community Music School | <input type="checkbox"/> \$ _____ Ernest J. Del Monte Neuromedicine Institute |
| <input type="checkbox"/> \$ _____ Eastman Parents Fund | <input type="checkbox"/> \$ _____ Highland Hospital |
| <input type="checkbox"/> \$ _____ William E. Simon Graduate School of Business | <input type="checkbox"/> \$ _____ Visiting Nurse Service |
| <input type="checkbox"/> \$ _____ Margaret Warner School of Education | <input type="checkbox"/> \$ _____ Visiting Nurse Hospice |
| <input type="checkbox"/> \$ _____ Mt. Hope Family Center | <input type="checkbox"/> \$ _____ Meals on Wheels |
| <input type="checkbox"/> \$ _____ University of Rochester Medical Center | <input type="checkbox"/> \$ _____ Memorial Art Gallery |
| In memory of _____ | <input type="checkbox"/> \$ _____ Strategic Opportunities Fund |
| In honor of _____ | |
| <input type="checkbox"/> \$ _____ Other unrestricted funds: _____ | |