

Return to: Gift and Donor Records
RC Box 270032

Phone: 585-275-4564
Fax: 585-273-4558

As an employee of the University of Rochester, I wish to support:

- \$ _____ Eastman Institute for Oral Health (A01246)
- \$ _____ Eastman School of Music (A01606)
- \$ _____ Edmund A. Hajim School of Engineering & Applied Sciences (A00939)
- \$ _____ Friends of Rochester Athletics (A07114)
- \$ _____ Golisano Children's Hospital (A04492)
- \$ _____ Highland Hospital (A02330)
- \$ _____ James P. Wilmot Cancer Center (A08293)
- \$ _____ Margaret Warner Graduate School of Education & Human Dev (A02271)
- \$ _____ Memorial Art Gallery (A02747)
- \$ _____ Mt. Hope Family Center (A05496)
- \$ _____ River Campus Libraries (A02558)
- \$ _____ Rochester Annual Fund (A08628)
- \$ _____ School of Arts and Sciences (A08595)
- \$ _____ School of Medicine & Dentistry (A06262)
- \$ _____ School of Nursing (A06795)
- \$ _____ Strategic Opportunities Fund (A07565)
- \$ _____ Strong Memorial Hospital (A06644)
- \$ _____ University of Rochester Medical Center (A07643)
- \$ _____ Visiting Nurse Service (A07628)
- \$ _____ William E. Simon Graduate School of Business Administration (A07806)
- \$ _____ Other: _____
Specific department or fund

My pay cycle is () Bi-Weekly () Semi-Monthly () Monthly

My donation amount to be taken from each pay period \$ _____

Number of pay periods donation should be deducted \$ _____

My total contribution is: \$ _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone _____

Email Address _____

Signature _____ Date _____

Employee ID _____

My gift is in memory/honor (please circle one) of: _____

Please notify the following individual(s) of my gift without specifying the amount:

Name _____

Address _____

City _____ State _____ Zip _____

A five-year annual pledge of \$1,500 or more may qualify you for George Eastman Circle membership. Visit www.rochester.edu/giving/gec for more information about the benefits of becoming a member of this leadership annual giving society.

For Advancement Use Only:

Proposal ID: _____ Appeal Code: _____

Allocation Code (if not already listed above): _____

Prepared By: _____ Date: _____

Dept: _____ Phone #: _____