



UNIVERSITY of
ROCHESTER

The
MELIORA
CHALLENGE

Annual Giving Programs

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

If you would like to make a multi-year pledge, please see the Giving Preferences section below.

Name: _____ School/Year: _____ Email: _____
(We will not share your email address with parties outside the University of Rochester and its affiliates.)

Maiden Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

☐ This is a joint gift with my spouse/partner.

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

Giving Preferences

☐ I/We prefer to remain anonymous. ☐ I would like to make a multi-year pledge of \$_____ each year for _____ years. Please send me a reminder in the month of _____. My first payment is enclosed.

Method of Payment (Choose One)

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

☐ 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): Please visit http://www.rochester.edu/advancement/ways_to_give.html, download the payroll deduction form and complete.

☐ Appreciated Securities: Please contact Deb Rossi at (585) 275-3903 or (866) 673-0181.

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.



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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.

☐ \$ _____ Rochester Annual Fund

☐ \$ _____ School of Medicine & Dentistry

☐ \$ _____ School of Arts and Sciences

☐ \$ _____ David and Ilene Flaum Eye Institute

☐ \$ _____ Edmund Hajim School of Engineering
& Applied Sciences

☐ \$ _____ School of Nursing

☐ \$ _____ Rochester Parents Fund

☐ \$ _____ Strong Memorial Hospital

☐ \$ _____ Friends of Rochester Athletics

☐ \$ _____ Golisano Children's Hospital

☐ \$ _____ River Campus Libraries

☐ \$ _____ James P. Wilmot Cancer Center

☐ \$ _____ Eastman School of Music

☐ \$ _____ Eastman Institute for Oral Health

☐ \$ _____ Eastman Community Music School

☐ \$ _____ Ernest J. Del Monte Neuromedicine
Institute

☐ \$ _____ Eastman Parents Fund

☐ \$ _____ Highland Hospital

☐ \$ _____ William E. Simon School of
Business

☐ \$ _____ Visiting Nurse Service

☐ \$ _____ Margaret Warner School of Education

☐ \$ _____ Visiting Nurse Hospice

☐ \$ _____ Mt. Hope Family Center

☐ \$ _____ Meals On Wheels

☐ \$ _____ University of Rochester Medical Center

☐ \$ _____ Memorial Art Gallery

In memory of _____

☐ \$ _____ Strategic Opportunities Fund

In honor of _____

☐ \$ _____ Other unrestricted funds: _____

All gifts count toward *The Meliora Challenge*, a University-wide fundraising campaign that was launched in October 2011 and runs through June 30, 2016.