

University of Rochester Medical Center
Caroline Breese Hall, MD Endowment
Letter of Commitment

It is my/our (circle one) desire and willingness to support the *Caroline Breese Hall, MD Endowment for Infectious Diseases* at the University of Rochester Medical Center.

The *Caroline Breese Hall, MD Endowment for Infectious Diseases* is an endowed fund to be held in perpetuity and I understand that my endowed gift will be appropriately recognized. Under New York law, the University may expend so much of the Fund as the Board of Trustees deems prudent after considering the preservation and purpose of the Fund, economic factors including inflation, the expected total return from investment of Fund asset, the University's investment policy, and other resources and alternatives to expending the Fund, unless otherwise restricted by the donor in writing at the time of the gift.

I am pleased to make a gift of: \$50,000 \$25,000 \$10,000 \$5,000 \$ 1,000 other \$ _____

I will make my gift with a: one-time payment or pledge payable over _____ years

I/We wish to remain anonymous. Please send me an annual reminder 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- June 30)

I will make my gift by credit card using the secure on-line giving site at **www.golisano.urmc.edu/hallaward**
Please note/designate allocation code: A10470 - Caroline Breese Hall, MD Endowment for Infectious Diseases

Electronic Fund Transfer Checking Savings
 Monthly Quarterly Signature to authorize: _____
(Please include a voided personal check or a checking/savings account withdrawal slip)

Donor Advised Fund or Foundation: Intend to recommend annual payments from _____

Payroll Deduction (UR Staff only). A second form needs to be completed and will be mailed to you.

Appreciated Securities: I will be transferring a gift of stock on approximately _____ (date) for \$ _____.
For stock transfers please contact Debra Rossi at 585-275-3903 or 866-673-0181 (toll free)

This commitment should be acknowledged and credited as follows:

Name(s) (Please Print) _____

Address _____

Signature(s) _____ **Date** _____

_____ **Date** _____

Please send gifts to: **University of Rochester Medical Center**
Attn: Jodi Reville
300 East River Road, Box 278996
Rochester, NY 14627-8996

Office Use Only

Oasis ID _____
XC Central File _____
Reporting Date _____

Receipt # _____
Batch # _____
Proposal # _____
Alloc/Appeal # A10470 / 14P2S