

Gifts may be made through payroll deduction, or by check or credit card.



You can also give online at www.rochester.edu/OneRochester.

Pledge Form

Gift I am delighted to support the University with a gift of \$ _____ over _____ year(s).

Name _____ Degree/Year _____ E-mail _____

Address _____

Department _____ Date _____

☐ This is a joint gift Spouse/Partner _____

Spouse's Department (If at the University) _____

☐ I/We prefer to remain anonymous

☐ I/We prefer not to be listed in print Honor Rolls

☐ I/We prefer not to be listed in online Honor Rolls

Payment Information

☐ **Enclosed is \$** _____ Please make checks payable to the University of Rochester
(Annual payments are due during our fiscal year July 1–June 30)

☐ **Please charge my first payment of \$** _____ to my credit card ☐ One-Time ☐ Recurring

☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx Card # _____ Expiration Date _____

Name _____ Signature _____
(As it appears on card)

Frequency: ☐ Monthly ☐ Quarterly ☐ Annually ☐ Please send a reminder in the month of _____
(for non-recurring gifts)

☐ Payroll Deduction

New York State law requires all information below to be filled out by the employee for proper authorization.

Employee ID _____

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 _____

TOTAL DONATION \$ _____ Start Date _____ Stop Date _____

I understand that this payroll deduction is a voluntary gift for which I receive no benefits. Authorization for this payroll deduction can be revoked at any time in writing by emailing giftoffice@admin.rochester.edu

Signature _____ Date _____

* U of R Biweekly (Every other Friday with a maximum of twice per month (no deduction made for third paycheck in any month) for a total of 24 deductions annually)

* U of R Semimonthly (15th rolled back to previous business day and last day of the month for a total of 24 deductions annually)

* U of R Monthly (last business day of the month for a total of 12 deductions annually)

Gift Designation

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.

\$ _____ Strategic Opportunities Fund

\$ _____ Rochester Annual Fund

\$ _____ Diversity Fund

\$ _____ School of Arts & Sciences

\$ _____ Hajim School of
Engineering & Applied Sciences

\$ _____ Rochester Parents Fund

\$ _____ Friends of Rochester Athletics

\$ _____ River Campus Libraries

\$ _____ Eastman School of Music

\$ _____ Eastman Parents Fund

\$ _____ Simon School of Business

\$ _____ Warner School of Education

\$ _____ Eastman Community
Music School

\$ _____ Memorial Art Gallery Annual Fund

\$ _____ Memorial Art Gallery Membership

\$ _____ University of Rochester
Medical Center

\$ _____ School of Medicine and Dentistry

\$ _____ School of Nursing

\$ _____ Strong Memorial Hospital

\$ _____ Golisano Children's Hospital

\$ _____ Eastman Institute for Oral Health

\$ _____ Ernest J. DelMonte
Neuromedicine Institute

\$ _____ David and Ilene Flaum
Eye Institute

\$ _____ Highland Hospital

\$ _____ Visiting Nurse Service

\$ _____ Wilmot Cancer Institute

\$ _____ Other fund(s): _____

**For questions regarding other available funds,
please call (585) 273-5887.**



www.rochester.edu/OneRochester | (585) 273-5887

Alumni and Advancement Center | 300 East River Road | P.O. Box 270032 | Rochester, NY 14627

OFFICE USE ONLY

OASIS ID _____

XC Central File _____

Pledge/Receipt # _____

Batch # _____

15UOP