



Annual Giving Programs

I/we would like to make an annual fund gift of \$ _____

This is a joint gift (*spouse/partner information below*)

Name: _____

Signature: _____

School/Year: _____ Email: _____

Address: _____ Phone: _____

_____ This is a mobile phone

_____ ID# (*office use only*): _____

Spouse/Partner Name: _____ Signature: _____

School/Year: _____ I/We prefer to remain anonymous

Method of Payment

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

Donor Advised Fund: Intend to recommend annual payments from _____

Payroll Deduction: (UR staff only) *Must attach UR deduction form*

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*)

Protecting your sensitive information is a high priority. To pay by credit card in the most secure way, please go online at rochester.edu/annualfunds or call (866) 673-0181. You may also mail form to: University of Rochester, Alumni and Advancement Center, Office of Gift and Donor Records, P.O. Box 270032, Rochester, NY 14627-0032

For questions on other annual funds, please email annualfunds@rochester.edu or call (800) 598-1330

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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.

- | | |
|---|---|
| <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"/> \$ _____ Wilmot Cancer Institute |
| <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"/> \$ _____ Simon Business School | <input type="checkbox"/> \$ _____ Visiting Nurse Service |
| <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 _____

In honor of _____

\$ _____ Strategic Opportunities Fund

\$ _____ Other unrestricted fund: _____

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