

DR. J. PETER HARRIS PEDIATRIC RESIDENCY FUND

ENDOWMENT LETTER OF COMMITMENT

Description: The *Dr. J. Peter Harris Pediatric Residency Fund* ("Fund")* will help advance residency education at the University of Rochester's Golisano Children's Hospital. Use of the Fund will be at the discretion of the Pediatric Residency Director, in consultation with the Physician-in-Chief of Golisano Children's Hospital. The intention is for the Fund to be an endowed fund to be held in perpetuity.**

In the event that the contributed value reaches the University minimum for a professorship or a distinguished professorship (\$1,500,000 or \$2,000,000, respectively) by December 31, 2028, the Fund will support a named faculty position at the University of Rochester's Golisano Children's Hospital and will be renamed either the *Dr. J. Peter Harris Professorship* or the *Dr. J. Peter Harris Distinguished Professorship*, as appropriate. The recipient will be appointed by the Dean of the School of Medicine and Dentistry upon the recommendation of the Pediatrician-in-Chief and in consultation with the Chair, Department of Pediatrics, or appropriate persons should administrative structures change.

I am delighted to support the *Harris Pediatric Residency Fund (A14076)* with a gift of (check one):

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 Other: \$ _____

payable over _____ year(s). (Maximum is 5 years.)

This commitment should be acknowledged and credited as follows:

Name (please print): _____

Email Address: _____

Address: _____

Signature: _____ Date: _____

This is a joint gift. (Signature required if a joint gift and for any recognition listing.)

Spouse/Partner Name (please print): _____

Spouse/Partner Signature: _____ Date: _____

I/We prefer to remain anonymous Please send an annual reminder in the month of _____

METHOD OF PAYMENT (check one)

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

Donor Advised Fund or Foundation: I intend to recommend annual payments from _____.

Payroll Deduction (UR Staff only): Please visit www.rochester.edu/advancement/onerochester

Appreciated Securities: I will transfer a gift of stock on approximately _____ (date) for \$ _____.

For stock transfers, please contact Gift and Donor Services at (585) 275-8602 or toll free at (866) 673-0181.

* 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 assets, 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.

** The Donor acknowledges and understands that should the Fund's contributed value be less than \$25,000—the University's minimum for this type of endowment—by June 30, 2028, the Fund will be a current-use fund with a similar purpose.

Protecting your sensitive information is our highest priority. To pay with your **credit card** in the most secure way possible, please go to <http://www.rochester.edu/advancement/>, click 'Make A Gift,' choose 'Other' and in the Comments section please reference the 'Dr. J. Peter Harris Pediatric Residency Fund.' Or call Gift and Donor Services at (585) 275-8602 or toll free at (866) 673-0181. If you leave a message, a team member will return your call.

**Please send this form to: Bloch Alumni and Advancement Center
Attn: Gift and Donor Services, P.O. Box 270032
Rochester, NY 14627-0032**

For office use only:
Appeal Code: 23P0N



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