



# SUSTAINING MEMBERSHIP FORM

The George Eastman Circle recognizes donors who make annual gifts to one or more area(s) of the University for a 5-year period. Gifts may be made by check, credit card, donor advised fund or Foundation, payroll deduction, or appreciated securities.

## ASSOCIATE MEMBERSHIP LEVEL

YEAR 1  
\$250

YEAR 2  
\$500

YEAR 3  
\$750

YEAR 4  
\$1,000

YEAR 5  
\$1500

*Dollar amounts represent annual payments*

*Gift*

I am delighted to support the Annual Fund with a gift of \$4,000 over 5 years.

- ☐ I would like to follow the progressive pledge payment schedule as shown above.  
☐ I would like to pay \$800 per year for 5 years

Name \_\_\_\_\_ Degree/Year \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ This is a joint gift Spouse/Partner Name \_\_\_\_\_

Spouse/Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Signature required if joint gift and for joint Honor Roll listing)*

- ☐ 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

☐ New Membership ☐ Membership Renewal ☐ Payment on Existing Membership

Frequency: ☐ Monthly ☐ Quarterly ☐ Annually ☐ Expected month of payment \_\_\_\_\_ (required)

*(Annual payments are due during our fiscal year July 1– June 30)*

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

☐ Please charge my first payment of \$ \_\_\_\_\_ to my credit card

☐ One-Time ☐ Recurring *(No reminder will be sent)*

☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx

*(Protecting your sensitive information is a high priority. To pay by credit card in the most secure way, please visit our website at [georgeeastmancircle.com/make-a-gift](http://georgeeastmancircle.com/make-a-gift) or call (866) 673-0181)*

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

- ☐ Use our secure online giving site at [www.GeorgeEastmanCircle.com](http://www.GeorgeEastmanCircle.com)  
☐ Donor Advised Fund or Foundation: I/We intend to recommend annual payments from \_\_\_\_\_  
*(Donor Advised Fund or foundation)*  
☐ Payroll Deduction (UR staff only; additional payroll deduction authorization form required)  
☐ Appreciated Securities: Visit [www.rochester.edu/advancement/securities](http://www.rochester.edu/advancement/securities) or contact Gift + Donor Records at (585) 275-8602 or (866) 673-0181 (toll free)  
☐ My gifts will be matched by \_\_\_\_\_ *(Please include your company's matching gift form)*

## 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.

\$ _____ Rochester Annual Fund	\$ _____ University of Rochester Medical Center
\$ _____ School of Arts & Sciences	\$ _____ David and Ilene Flaum Eye Institute
\$ _____ River Campus Libraries (Rush Rhees, Carlson, POA)	\$ _____ Del Monte Institute for Neuroscience
\$ _____ Hajim School of Engineering & Applied Sciences	\$ _____ Eastman Institute for Oral Health
\$ _____ Undergraduate Scholarships	\$ _____ Golisano Children's Hospital
\$ _____ Friends of Rochester Athletics	\$ _____ Highland Hospital
\$ _____ Gwen M. Greene Career and Internship Center	\$ _____ School of Medicine & Dentistry
\$ _____ Eastman School of Music	\$ _____ School of Nursing
\$ _____ Simon Business School	\$ _____ Strong Memorial Hospital
\$ _____ Warner School of Education and Human Development	\$ _____ Thompson Health
\$ _____ Diversity Program Fund	\$ _____ UR Medicine Home Care (Formerly VNS)
\$ _____ Wilson Commons Student Activities Fund	\$ _____ Wilmot Cancer Institute
\$ _____ Dean's Fund for Fraternity and Sorority	\$ _____ Global Engagement Fund
\$ _____ Dean's Fund for Study Abroad	\$ _____ Strategic Opportunities Fund
\$ _____ Eastman Community Music School	\$ _____ Other fund:
\$ _____ Memorial Art Gallery Membership	_____
\$ _____ Memorial Art Gallery Annual Fund	_____
\$ _____ Mt. Hope Family Center	

*The list of George Eastman Circle eligible funds has been expanded. If you do not see a fund in this listing that you wish to support, please call (866) 673-0181 for help finding a fund.*



UNIVERSITY of  
**ROCHESTER**

www.GeorgeEastmanCircle.com • (585) 276-5581

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### OFFICE USE ONLY

Entity ID \_\_\_\_\_

Pledge/Receipt # \_\_\_\_\_

Batch # \_\_\_\_\_

Proposal # \_\_\_\_\_

Membership Number \_\_\_\_\_

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