



GEORGE EASTMAN CIRCLE

Sustaining Membership Form

GEORGE EASTMAN CIRCLE SCHOLARSHIPS

The George Eastman Circle recognizes donors who make unrestricted annual gifts to the University for a five-year period. Using this form, you may direct your gift to scholarship support through any of the methods detailed below, and become a sustaining member of the George Eastman Circle. **If you are a current member of the George Eastman Circle, please consider an additional gift for scholarships.**

MEMBERSHIP LEVELS

FELLOWS
\$5,000 - \$9,999

BENEFACTORS
\$10,000 - \$24,999

PATRONS
\$25,000 - \$49,999

FOUNDERS
\$50,000+

Supporting an unrestricted George Eastman Circle Scholarship requires a minimum gift of \$5,000 each year for five years. Annual payments are due between July 1 and May 31.

Gift I am delighted to support a George Eastman Circle Scholarship with a gift of \$_____ each year for 5 years.

Name _____ Degree/Year _____ E-mail _____

Signature _____ Date _____

This is a joint gift Spouse/Partner Name _____

Spouse/Partner Signature _____ Date _____

I/We prefer that this gift 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

Frequency: Monthly Quarterly Annually Please send an annual reminder in the month of _____

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

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

Visa Mastercard Discover AmEx

Name as it appears on card _____ Signature _____

Card Number _____ Expiration Date _____

Use our secure online giving site at www.GeorgeEastmanCircle.com

I 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 or contact Debra Rossi at (585) 275-3903 or (866) 673-0181 (toll free)

My gifts will be matched by _____ (Please include matching gift form)

George Eastman Circle Scholarship Gift Designation

Your gift to support an unrestricted George Eastman Circle Scholarship may be directed to the school of your choice. The minimum amount per year is \$5,000. Larger gifts may be designated to multiple schools, with a minimum of \$5,000 per school.

\$ _____ Eastman School of Music	\$ _____ School of Nursing
\$ _____ Edmund A. Hajim School of Engineering & Applied Sciences	\$ _____ William E. Simon School of Business
\$ _____ School of Arts & Sciences	\$ _____ Margaret Warner Graduate School of Education
\$ _____ School of Medicine & Dentistry	

All scholarships will be identified as George Eastman Circle Scholarships. I/We would like our scholarship support to be specifically recognized as follows (for example, "Jane and John Doe George Eastman Circle Scholarship"):

Additional Gift Designation

In addition to supporting scholarships, I/we would like to contribute unrestricted support of \$ _____ to additional area(s). Please select the area(s) below and indicate the annual dollar amount to be designated for each.

\$ _____ Ernest J. Del Monte Neuromedicine Institute	\$ _____ Rochester Annual Fund
\$ _____ Eastman Community Music School	\$ _____ Rochester Parents Fund
\$ _____ Eastman Institute for Oral Health	\$ _____ School of Arts & Sciences
\$ _____ Eastman Parents Fund	\$ _____ School of Medicine & Dentistry
\$ _____ Eastman School of Music	\$ _____ School of Nursing
\$ _____ David and Ilene Flaum Eye Institute	\$ _____ William E. Simon School of Business
\$ _____ Friends of Rochester Athletics	\$ _____ Strategic Opportunities Fund
\$ _____ Golisano Children's Hospital	\$ _____ Strong Memorial Hospital
\$ _____ Edmund A. Hajim School of Engineering & Applied Sciences	\$ _____ University of Rochester Medical Center
\$ _____ Highland Hospital	\$ _____ Visiting Nurse Service
\$ _____ Memorial Art Gallery	\$ _____ Margaret Warner Graduate School of Education
\$ _____ River Campus Libraries	\$ _____ James P. Wilmot Cancer Center
	\$ _____ Other unrestricted funds



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

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OFFICE USE ONLY	XC Central File _____	Pledge/Receipt # _____	Batch # _____
	Acknowledgement _____	<input type="checkbox"/> Nontraditional	Membership # _____
Entity ID _____			