

GEORGE EASTMAN CIRCLE



Sustaining Membership Form

The George Eastman Circle associate membership recognizes undergraduate alumni 0-10 years post graduation and graduate alumni 0-5 years post graduation who make an annual gift to one or more area(s) of the University for a five-year period.

ASSOCIATE MEMBERSHIP LEVEL

YEAR 1
\$250

YEAR 2
\$500

YEAR 3
\$750

YEAR 4
\$1,000

YEAR 5
\$1,500

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

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 Payment on Existing Membership

Frequency: Monthly Quarterly Annually Expected Month of Payment _____ (*required*)

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

To make a gift by credit card, please scan the QR code or visit our secure online giving form at GeorgeEastmanCircle.com.

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

Payroll Deduction (University of Rochester faculty and staff only)

Appreciated Securities: Visit rochester.edu/advancement/securities or contact Gift + Donor Records at (585) 275-8602 or (866) 673-0181 (*toll free*)

Qualified Charitable Distribution (QCD) from an Individual Retirement Account (IRA) (*age 70½+ at time of distribution*)

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.

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

**Memorial Art Gallery Director's Circle membership starts at \$1,750/yr.*

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.



GeorgeEastmanCircle.com • (585) 276-8740

Larry and Cindy Bloch Alumni and Advancement Center • 300 East River Road • Box 270032 • Rochester, NY 14627

OFFICE USE ONLY

Entity ID _____ Pledge/Receipt # _____ Batch # _____ Proposal # _____ Membership Number _____