



GEORGE EASTMAN CIRCLE

Associate 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, EFT, on-line, 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
\$1,500

Suggested Annual Payments

Gift

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

Name _____ Degree/Year _____ E-mail _____

Signature _____ Date _____

This is a joint gift Spouse/Partner _____

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

Payment on Existing Membership

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

Enclosed is \$ _____ Please make checks payable to the University of Rochester *(Annual payments are due during our fiscal year July 1– June 30)*

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

Visa Mastercard Discover AmEx

Name as it appears on card _____ Signature _____

Card Number _____ Expiration Date _____

EFT Checking Savings Signature to authorize _____ *(Please include a voided personal check or a checking/savings account withdrawal slip)*

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

Donor Advised Fund or Foundation: Intend to recommend annual payments from _____

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 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.

\$ _____ Strategic Opportunities Fund

\$ _____ Rochester Annual Fund

\$ _____ School of Arts and Sciences

\$ _____ Edmund A. Hajim School of
Engineering and Applied Sciences

\$ _____ Rochester Parents Fund

\$ _____ Friends of Rochester Athletics

\$ _____ River Campus Libraries

\$ _____ Eastman School of Music

\$ _____ Eastman Parents Fund

\$ _____ William E. Simon School
of Business

\$ _____ Margaret Warner Graduate
School of Education

\$ _____ Diversity Program Fund

\$ _____ Eastman Community
Music School

\$ _____ Memorial Art Gallery

\$ _____ University of Rochester
Medical Center

\$ _____ School of Medicine and Dentistry

\$ _____ School of Nursing

\$ _____ Strong Memorial Hospital

\$ _____ Golisano Children's Hospital

\$ _____ James P. Wilmot Cancer Center

\$ _____ Eastman Institute for Oral Health

\$ _____ Ernest J. Del Monte
Neuromedicine Institute

\$ _____ David and Ilene Flaum
Eye Institute

\$ _____ Highland Hospital

\$ _____ Visiting Nurse Service

\$ _____ Other unrestricted funds:

*For questions regarding other annual funds, please call
(585) 276-5581 or (800) 598-1330.*



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

Alumni and Advancement Center • 300 East River Road • P.O. Box 270032 • Rochester, NY 14627

OFFICE USE ONLY

XC Central File _____

Acknowledgement _____

Membership Number _____

Pledge/Receipt # _____

Batch # _____

Nontraditional

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