



SUSTAINING MEMBERSHIP FORM

SUPPORT 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.

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 by June 30 in order for the scholarship to be awarded in the following academic year.

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 _____

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 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)

Please charge my first payment of \$ _____ to my credit card: One-Time Recurring (No reminder will be sent)

(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 or call (866) 673-0181)

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

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 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)

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

\$ _____ Hajim School of Engineering & Applied Sciences

\$ _____ Simon Business School

\$ _____ School of Arts & Sciences

\$ _____ Warner School of Education and Human Development

\$ _____ 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.

\$ _____ 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

\$ _____ Rochester Parents Fund

\$ _____ Highland Hospital

\$ _____ Friends of Rochester Athletics

\$ _____ School of Medicine & Dentistry

\$ _____ Gwen M. Greene Career and Internship Center

\$ _____ School of Nursing

\$ _____ Eastman School of Music

\$ _____ Strong Memorial Hospital

\$ _____ Eastman Parents Fund

\$ _____ Thompson Health

\$ _____ Simon Business School

\$ _____ UR Medicine Home Care (Formerly VNS)

\$ _____ Warner School of Education and Human Development

\$ _____ Wilmot Cancer Institute

\$ _____ Diversity Program Fund

\$ _____ Global Engagement Fund

\$ _____ Eastman Community Music School

\$ _____ Strategic Opportunities Fund

\$ _____ Memorial Art Gallery Annual Fund

\$ _____ Other fund:

\$ _____ Memorial Art Gallery Membership*

\$ _____ Mt. Hope Family Center

*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.



UNIVERSITY of ROCHESTER

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

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 _____

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