



UNIVERSITY of  
**ROCHESTER**

## Gift Pledge Form

*Dollar amounts represent annual payments*

### Gift

I am delighted to support the Annual Fund with a gift of \$ \_\_\_\_\_.

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

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

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

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

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 Pledge  Payment on Existing Pledge

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 first payment of \$ \_\_\_\_\_ to my credit card  One-Time  Recurring  
*(Protecting your sensitive information is a high priority. To pay by credit card in the most secure way, please visit our website at rochester.edu)*

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.rochester.edu/giving](http://www.rochester.edu/giving) and click on "Make a Gift"

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](http://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.

\$ _____ Rochester Annual Fund	\$ _____ Strategic Opportunities Fund
\$ _____ School of Arts & Sciences	\$ _____ Mt. Hope Family Center
\$ _____ Hajim School of Engineering & Applied Sciences	\$ _____ University of Rochester Medical Center
\$ _____ David T. Kearns Center	\$ _____ School of Medicine & Dentistry
\$ _____ Rochester Parents Fund	\$ _____ School of Nursing
\$ _____ Friends of Rochester Athletics	\$ _____ Strong Memorial Hospital
\$ _____ River Campus Libraries	\$ _____ Golisano Children's Hospital
\$ _____ Eastman School of Music	\$ _____ Wilmot Cancer Institute
\$ _____ Eastman Parents Fund	\$ _____ Eastman Institute for Oral Health
\$ _____ Simon Business School	\$ _____ Ernest J. Del Monte Neuromedicine Institute
\$ _____ Warner School of Education and Human Development	\$ _____ David and Ilene Flaum Eye Institute
\$ _____ Diversity Program Fund	\$ _____ Highland Hospital
\$ _____ Eastman Community Music School	\$ _____ UR Home Care (Visiting Nurse Service)
\$ _____ Memorial Art Gallery	\$ _____ Other unrestricted funds:
\$ _____ Memorial Art Gallery Membership	_____



Larry and Cindy Bloch Alumni and Advancement Center  
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## OFFICE USE ONLY

XC Central File \_\_\_\_\_

Acknowledgement \_\_\_\_\_

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

Nontraditional

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