



☒ **YES.** I would like to make a gift to the University of Rochester School of Medicine and Dentistry. Please fill out this page and return to:

Larry and Cindy Bloch Alumni and Advancement Center  
University of Rochester School of Medicine and Dentistry  
Office of Academic Development and Alumni Relations  
300 East River Road, P.O. Box 278996  
Rochester, NY 14627-8996

☐ Please make this a JOINT gift with my spouse/partner: \_\_\_\_\_

**Gift Designation**

☐ School of Medicine & Dentistry Annual Fund (A06262)

☐ A specific department or fund: \_\_\_\_\_

☐ MD Class Scholarship Funds:

<input type="checkbox"/> Scholarship Fund for the Class of 1954 (A06282)	<input type="checkbox"/> Class of 1957 SMD Merit Scholarship Fund (A06478)	<input type="checkbox"/> SMD Class of 1959 Scholarship Fund (A08415)	<input type="checkbox"/> Class of 1960 SMD Scholarship Fund (A06488)
<input type="checkbox"/> Class of 1961 SMD Scholarship Fund (A06489)	<input type="checkbox"/> Class of 1964 Fund (A06298)	<input type="checkbox"/> Class of 1965 MD/PhD Scholarship Fund (A06291)	<input type="checkbox"/> Class of 1966 SMD Scholarship Fund (A06514)
<input type="checkbox"/> MD Class of 1969 Year-Out Fund (A08535)	<input type="checkbox"/> Class of 1970 Scholarship Fund (A06359)	<input type="checkbox"/> MD Class of 1974 Scholarship Fund (A08542)	<input type="checkbox"/> Class of 1976 Prize Fund (A06260)
<input type="checkbox"/> Class of 1978 Scholarship Fund (A08174)	<input type="checkbox"/> MD Class of 1979 Fellowship Fund (A08534)	<input type="checkbox"/> SMD Class of 1983 Scholarship (A10230)	<input type="checkbox"/> Class of 1989 Scholarship Fund (A08162)
<input type="checkbox"/> Class of 1996 Prize Fund (A06390)	<input type="checkbox"/> MD Class of 1999 Anatomy Lab Renovation Fund (A08536)		

**Payment Options\***

☐ Outright Gift Amount: \$ \_\_\_\_\_

☐ Pledge Amount (payable over 5 years) \$ \_\_\_\_\_

Pledge Payments: 2015 \_\_\_\_\_ 2016 \_\_\_\_\_ 2017 \_\_\_\_\_ 2018 \_\_\_\_\_ 2019 \_\_\_\_\_

*\* The George Hoyt Whipple Society recognizes donors who support the School of Medicine and Dentistry with an annual gift of \$1,500 or more. Whipple Society members who commit to a **five-year, unrestricted pledge** of \$1,500 or more are also recognized as George Eastman Circle members.*

**Method of Payment**

**Protecting your sensitive information is a high priority. To pay by credit card in the most secure way, please go online to [<http://bit.ly/smdgivingform>] or call 1-866-673-0181.**

☐ Enclosed is my check payable to: *University of Rochester School of Medicine and Dentistry*

☐ My spouse/partner's (or my) employer will match my/our contribution

Name of company: \_\_\_\_\_ ☐ I have enclosed a matching gift form

☐ Please contact me regarding:

☐ Charitable gift annuities

☐ Bequests

☐ Real Estate: Retained life estate

☐ Retirement-plan gifts

☐ Stock gifts

☐ Other: \_\_\_\_\_

☐ **Donor Advised Fund:** Intend to recommend annual payments from: \_\_\_\_\_

**Contact Information Updates**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Thank you for your gift!*

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