

Gift Pledge Form

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

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

Gift Designation

\$ _____ Rochester Annual Fund

\$ _____ School of Arts & Sciences

\$ _____ Hajim School of Engineering &
Applied Sciences

\$ _____ David T. Kearns Center

\$ _____ Rochester Parents Fund

\$ _____ Friends of Rochester Athletics

\$ _____ River Campus Libraries

\$ _____ Eastman School of Music

\$ _____ Eastman Parents Fund

\$ _____ Simon Business School

\$ _____ Warner School of Education and
Human Development

\$ _____ Diversity Program Fund

\$ _____ Eastman Community
Music School

\$ _____ Memorial Art Gallery

\$ _____ Memorial Art Gallery
Membership

\$ _____ Strategic Opportunities Fund

\$ _____ Mt. Hope Family Center

\$ _____ University of Rochester
Medical Center

\$ _____ School of Medicine & Dentistry

\$ _____ School of Nursing

\$ _____ Strong Memorial Hospital

\$ _____ Golisano Children's Hospital

\$ _____ Wilmot Cancer Institute

\$ _____ Eastman Institute for Oral Health

\$ _____ Ernest J. Del Monte Neuromedicine
Institute

\$ _____ David and Ilene Flaum
Eye Institute