



**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:

University of Rochester School of Medicine and Dentistry  
Office of Academic Development and Alumni Relations  
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Please make this a JOINT gift with my spouse: \_\_\_\_\_

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School of Medicine & Dentistry Annual Fund (A06262)

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

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I have enclosed a matching gift form

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*Thank you for your gift!*