EVERY GIFT COUNTS!
Rochester Institute of Technology
GIFT AND PLEDGE FORM

YOUR INFORMATION
Check all that apply: ☐ alumnus/a (class year:___________) ☐ student ☐ parent ☐ faculty/staff ☐ friend
NAME__________________________________________________________
ADDRESS__________________________________________________________________________________________
CITY____________________________________________________ STATE______  ZIP CODE _______________
PREFERRED E-MAIL ____________________________   PREFERRED PHONE _______________________________
My spouse/partner is a graduate. ☐ Make this a joint gift. ______________________________________
Include maiden name if applicable.

GIFT AMOUNT $ ______________________

YOUR GIVING CHOICE
Designate your gift to the area that is most important to you. If no choice is made, gifts will be directed to RIT’s greatest needs. Below are some options you may want to consider:

☐ RIT’s Area of Greatest Need $________
☐ Athletic Association or a Specific Sport (e.g., "Men’s Hockey")________________________________________ $________
☐ College/Academic Program_________________________________________________________ $________
☐ General Endowment Fund $________
☐ NTID Foundation Endowed Scholarship Fund $________
☐ Scholarship (RIT General or specific named fund)________________________________________ $________
☐ Student Matching Gift Challenge $________
☐ Wallace Library/Wallace Center $________
☐ Other (indicate fund/area, e.g., “Tiger Spirit Fund”)_____________________________________ $________

CURRENT CAMPAIGNS
☐ E. Philip Saunders College of Business $_______
☐ Sebastian and Lenore Rosica Hall Construction Fund $_______
☐ Tiger Power Play: The Campaign for RIT’s Hockey Arena $_______

PAYMENT INFORMATION
☐ This is a one-time gift.
☐ This is a pledge for ____ years. (Please remind me: ☐ monthly ☐ quarterly ☐ semiannually or one time: _____________)
☐ CHECK enclosed, payable to Rochester Institute of Technology
☐ CHARGE ☐ American Express ☐ Discover ☐ MasterCard ☐ VISA
CARD NUMBER ____________________________   EXP. DATE __________/
☐ This is a one-time credit card payment.
☐ I want to be a Sustaining Donor. Please charge the card above for a total amount of $____________ to be paid in _____ monthly installments of $__________. Start in: ___/___, End in ___/____. Minimum $5 per month

MATCHING GIFTS DOUBLE YOUR IMPACT ON RIT!
To find out if you work for a Matching Gift company, visit matchinggift.com/RIT.
My or my spouse/partner’s Matching Gift form is ☐ enclosed ☐ to follow. Company: ____________________________

PLEASE RETURN YOUR GIFT AND THIS FORM TO:
Rochester Institute of Technology
Office of Development
P.O. Box 92765
Rochester, NY  14692-8865

Questions?
Call 800.477.0376 or
E-mail: FundforRIT@RIT.edu