Your Information

Check all that apply: □ Alumnus/na □ Student □ Parent □ Trustee □ Faculty/Staff □ Friend

Name___________________________________________________________
Address____________________________________________________________________________________________________
City__________________________________________________________ State __________ Zip Code___________
Preferred Email: ___________________________________________________ Preferred Phone_____________________

Gift Information

Total Gift Amount: $______________

Designate your gift to the area of RIT that is most important to you. If no choice is made, your gift will go to RIT’s greatest needs.

□ RIT’s Greatest Needs $______________
□ Athletic Association or a Specific Sport (e.g., “Men’s Hockey”) ___________________________ $______________
□ College/Academic Program: ____________________________________________________________ $______________
□ General Endowment Fund $______________
□ Scholarship (RIT General, or specific named fund) ____________________________________________________________ $______________
□ Wallace Library/Wallace Center $______________
□ Other (indicate fund/area, e.g., “Tiger Spirit Fund”) ____________________________ $______________

Current Campaigns:

□ E. Philip Saunders College of Business $______________
□ Tiger Power Play: The Campaign for RIT Hockey $______________

Giving Options

□ Check enclosed (payable to RIT)

□ Charge my gift □ Amex □ Discover □ MasterCard □ VISA

_____________________________________________ / ______________________ CVV

□ This is a one-time gift.
□ This is a multi-payment gift. Charge the card number above for the total amount of $____________ to be paid in ______ monthly installments of $__________. * Start in _____ / ____ and end in _____ / ____ (mm/yy).

*Minimum $5 per month.

□ This is an Honorary/Memorial Gift (circle one).
Tell us who this gift should honor or be in memory of: ____________________________________________________________________________

Matching Gifts — Double (or Triple) Your Gift

Visit matchinggift.com/RIT or contact Sara Daly, Manager of Gift Processing at DAR-records@rit.edu or 585.475.5008 for more information.

□ I have enclosed my employer’s matching gift form. □ I will forward the form.

Company ________________________________________________________________

Mail completed form to:

Rochester Institute of Technology
Office of Development – Gift Office
P.O. Box 92765
Rochester, NY 14692-8865

Questions? Call 800.477.0376 or visit rit.edu/fundforRIT.