Employee Gift Form

Name:_____ Oracle ID#: _____

Campus Address: _____ Campus Phone: _____

Preferred Email: _____ RIT Alumni Preferred Class Year: _____

Is your spouse an RIT employee? If so, ask him/her to also complete an Employee Gift Form to receive combined credit.

❶ Your Gift (See section 3A or section 3B to indicate how you would like to make your gift)

Total Gift/Pledge Amount: ❍ $1,000 ❍ $500 ❍ $100 ❍ Other_____

❷ Giving Choices

Your gift may be directed to a specific area of RIT that is important to you. If no choice is made, gifts are considered unrestricted.

❍ College/Academic Program:

_____

❍ Scholarship (NRS/RIT General, or specific named fund)

_____

❍ RIT's Greatest Needs (unrestricted)

❍ RIT's General Endowment Fund

❍ Wallace Library

❍ RIT Athletic Association

❍ Specific Sport (e.g., "Men's Hockey")

_____

❍ Other (indicate fund or area, e.g., "Alumni Network")

_____

❸ Method of Payment (Choose one from the options below)

OPTION A - GIFT

CHECK ❍ Enclosed (payable to Rochester Institute of Technology)

CHARGE ❍ Please charge my: ❍ Visa ❍ MasterCard _____ _____/_____

CARD NUMBER EXP. DATE

OPTION B – PAYROLL DEDUCTION PLEDGE

❍ I am a biweekly paid employee. **OR** ❍ I am a semimonthly paid employee.

❍ This is a new payroll deduction pledge – I do not currently have another payroll pledge in process

❍ I am currently giving through payroll deduction

- ❍ Begin this new pledge upon completion of my current pledge
- ❍ Begin this new pledge immediately to run concurrently with my existing pledge

RIT PAYROLL DEDUCTION AUTHORIZATION – I authorize RIT's Payroll Dept. to withhold from my pay the amount below:

❍ **One year or less pledge**	❍ **Multiyear pledge for _____ years**	❍ **Ongoing pledge**
Amt. per pay period: $_____	Amt. per pay period: $_____	Amt. per pay period: $_____
Begin deductions: ____/____/____ MM DD YYYY	Begin deductions: ____/____/____ MM DD YYYY	Automatically renews each year. Payments are taken until you notify the Office of Development to discontinue the deductions.

Matching Gifts

❍ My spouse works for a matching gift company.

❍ I am including a matching gift form to double the value of my gift.

❍ I contacted the matching gift department at my spouse's company: _____

COMPANY NAME

Send completed form to:

Interoffice
Office of Development
2141 Eastman

U.S. Mail
Office of Development
116 Lomb Memorial Dr.
Rochester, NY 14623-5608

(Be sure to send your gift in a sealed envelope and mark it confidential)

SEND ME INFORMATION ABOUT

❍ Alumni Online Community
❍ Alumni Travel
❍ Nathaniel Rochester Society
❍ Making RIT/NTID a beneficiary in my will
❍ Life income arrangements
❍ Establishing a named endowed scholarship

Thank you for supporting the 2007/2008 RIT Employee Campaign!

FSO08