

1. Your Information

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

Keep this gift anonymous.

Name:

Preferred Address:

City:

State:

Zip Code:

Preferred Email:

Preferred Phone:

Business Cell Home vp

This gift is:

In honor of:

In memory of:

Full Name:

If you would like us to notify someone of your gift, please provide their contact information:

Full Name:

Address:

City:

State:

Zip:

Email:

Matching gifts count twice as much!

Many companies sponsor matching gift programs and will match your charitable contribution. To find out if your or your spouse's employer has a program, search matchinggift.com/RIT or contact your human resources department.

Company Name:

I have enclosed my company's matching gift form.

I will email/mail the matching gift form or submit it through my company's online portal.

PLEASE NOTE: Your gift will automatically be deducted on the fifth of the month or the next business day.

For security reasons, a voided check (with your name and address pre-printed) must be submitted with this form. If you do not have any checks, you may submit a pre-printed deposit slip. If you do not have either, please obtain a letter from your bank confirming that you hold an account there. The letter, which must be on the bank's letterhead and signed by a representative of the bank, should reference your name, account number, and bank routing number.

Mail completed form with a voided check, deposit slip, or bank letter to:

Rochester Institute of Technology
University Advancement
116 Lomb Memorial Drive
Rochester, NY 14623

Questions?

Call 800-477-0376 or email giving@rit.edu

2. Gift Designation

Area of Greatest Need

\$

General Endowment Fund

\$

Athletic Association or Specific Sport (ex. Men's Hockey):

\$

College or Academic Program:

\$

General Endowed Scholarship

\$

Scholarships and Financial Aid or Specific Named Fund:

\$

Other (ex. Tiger Spirit Fund):

\$

This is intended to fulfill a Sentinel Society pledge.

\$

If no choice is made, your gift will be designated to RIT's Greatest Need. If "NTID" is entered, your gift will be designated to the NTID Foundation Endowed Scholarship Fund.

3. Gift Information

Total amount of pledge: \$ _____

Withdraw the total amount in a one-time deduction.

I will pay \$ _____ monthly for _____ recurring payments to total \$ _____ or _____ in perpetuity.

**Recurring EFT gifts will continue to be charged until your pledge is complete or until you let RIT's Gift Office know otherwise. Perpetual EFT pledges will be automatically renewed every 12 months until you let RIT's Gift Office know otherwise.*

4. Payment Information

Bank Name:

ABA Routing Number:

Checking Savings Account Number

5. Authorization

Signature

Date

Thank you for your support!