

Pledge Agreement

The **Sentinel Society** recognizes donors who make a meaningful annual investment in the university over a five-year period.

Membership Levels*

Visionaries	Innovators	Collaborators	Investors
\$50,000+	\$25,000-\$49,999	\$10,000-\$24,999	\$5,000-\$9,999
Champions	Members	Entrepreneurs [†]	
\$2,500-\$4,999	\$1,000-\$2,499	\$500 - \$999	

**Dollar amounts represent annual payments. † Current students and graduates of the last decade.*

Pledge Commitment

I intend to join the Sentinel Society with an annual gift of \$ _____
each year for five years. My total pledge is \$ _____ .

Donor Information

Name: _____

Email: _____ Class Year: _____

Address: _____

☐ **This is a joint gift.** Spouse/Partner Name: _____

Donors will be recognized in an online honor roll and are provided with opportunities to increase their engagement with the university as their contribution increases.

☐ **I/We prefer to remain anonymous.** *You will receive an acknowledgment of your gift, but your name will not be listed in any public recognition.*

Signature: _____ Date: _____

Pledge Designation

You may designate your gift to one or more of the areas listed below. By choosing a specific college or area, your gift may be used within this area to seize educational opportunities, support strategic needs, enrich student life, or offer scholarship aid. Gifts to the National Technical Institute for the Deaf will be allocated to the Scholarship Endowment.

- | | |
|---|---|
| <input type="checkbox"/> _____ Area of Greatest Need | <input type="checkbox"/> _____ Saunders College of Business |
| <input type="checkbox"/> _____ Scholarships and Financial Aid | <input type="checkbox"/> _____ School of Individualized Study |
| <input type="checkbox"/> _____ College of Art and Design | <input type="checkbox"/> _____ Athletics |
| <input type="checkbox"/> _____ College of Engineering Technology | <input type="checkbox"/> _____ Diversity and Inclusion |
| <input type="checkbox"/> _____ College of Health Sciences and Technology | <input type="checkbox"/> _____ Libraries |
| <input type="checkbox"/> _____ College of Liberal Arts | <input type="checkbox"/> _____ MAGIC Center |
| <input type="checkbox"/> _____ College of Science | <input type="checkbox"/> _____ Performing Arts |
| <input type="checkbox"/> _____ Golisano College of Computing and Information Sciences | <input type="checkbox"/> _____ RIT Graduate School |
| <input type="checkbox"/> _____ Golisano Institute for Sustainability | <input type="checkbox"/> _____ Simone Center |
| <input type="checkbox"/> _____ Kate Gleason College of Engineering | <input type="checkbox"/> _____ Student Life |
| <input type="checkbox"/> _____ National Technical Institute for the Deaf | |

Payment Information

- | | |
|--|---|
| <input type="checkbox"/> I plan to mail my check made payable to RIT.
Initial payment enclosed, if any: \$ _____
<input type="checkbox"/> Please send an annual reminder in the month of _____. | <input type="checkbox"/> I plan to make a gift of appreciated stock.
Please visit rit.edu/securitygift for information on effecting stock transactions. |
| <input type="checkbox"/> I plan to pay online at rit.edu/sentinel | <input type="checkbox"/> I plan to make a gift via an electronic funds transfer (EFT).
Please visit rit.edu/giving/eft for information on effecting an EFT. |
| <input type="checkbox"/> This pledge was made through the RIT Student Call Center. | <input type="checkbox"/> I plan to make a gift via payroll deduction. (RIT faculty and staff only)
Please see instructions at rit.edu/giving/payrollpledge |
| <input type="checkbox"/> Please charge my credit card: *
<input type="checkbox"/> Charge \$ _____ in a one-time deduction.
<input type="checkbox"/> Charge \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
for recurring payments to total \$ _____ ** | <input type="checkbox"/> My company will match my gift(s):

COMPANY NAME |

Although all matching gifts are appreciated, they do not count toward a Sentinel Society pledge.

**If you are including your credit card information, please mail this form to the address below (please do not use email). Thank you!*

***Recurring credit card gifts will continue to be charged until your pledge is complete or until you let RIT's Gift Office know otherwise.*

CARD NUMBER

EXP DATE

CVV CODE

Please mail this completed form to:

Rochester Institute of Technology | University Advancement | 116 Lomb Memorial Dr. | Rochester, NY 14623-9809