

Payroll Deduction Gift Form

Reset circle buttons

1 Your Information

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

Name: _____

Preferred Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Email: _____

Preferred Phone: _____ Business Cell Home VP

Keep this donation anonymous.

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:

Gift Office - USC #3350
Development & Alumni Relations
116 Lomb Memorial Drive
Rochester, NY 14623-5608

Questions?

Call 800.477.0376 or email giving@rit.edu

2 Gift Designation

RIT's Greatest Need \$ _____

Alumni House Project Fund \$ _____

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

College or Academic Program: \$ _____

General Endowment Fund \$ _____

General Scholarship or Specific Named Fund: \$ _____

Wallace Library/Wallace Center \$ _____

Other (ex. Tiger Spirit Fund): \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

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: _____

_____ Account Number: _____

5 Authorization

Thank you for your support!