

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.

Mail completed form with your gift to:
Rochester Institute of Technology
University Advancement
P.O. Box 92765
Rochester, NY 14692-8865

Questions?

Call 1-800-477-0376 or email giving@rit.edu

2. Gift Designation

Area of Greatest Need _____ \$

Scholarships and Financial Aid _____ \$

College or Academic Program: _____ \$

Division of Diversity and Inclusion _____ \$

Athletics General Fund _____ \$

Library General 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 gift: \$ _____

This is a single payment.

This is a multi-payment gift.

I will pay \$ _____ Monthly Quarterly Twice a year Yearly
for _____ recurring payments to total \$ _____ or in perpetuity.

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

4. Payment Options

Cash enclosed

Check enclosed (payable to Rochester Institute of Technology)

Charge my credit card: _____

_____/_____
Exp. Date CVV Card Number

Preferred address and billing address the same? Yes No

Billing Address City State Zip Code

Thank you for your support!