RIT

Gift Form

Reset Form

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: _____

2. Gift Designation

☐ RIT Fund $ _____

☐ 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 aSentinel Societypledge.** $ _____

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.

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.

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: _____ _____ _____ _____

Card Number

___/___ Exp. Date

_____ CVV

Preferred address and billing address the same? ○ Yes ○ No

_____ _____ _____ _____

Billing Address City State Zip Code

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

Thank you for your support!

DGFXX