



I commit to a total contribution of \$\_\_\_\_\_ to The River Edge Foundation.  
Signature\_\_\_\_\_ Date\_\_\_\_\_

**DONOR INFORMATION (please print)**

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Email\_\_\_\_\_

In publications list as\_\_\_\_\_

I wish to remain anonymous.

**PAYMENT OPTIONS (select one)**

Check, enclosed payable to The River Edge Foundation

Pledge, send reminder for balance due  monthly  quarterly  other

Charge,  MC  Visa  Discover  AMEX (debit cards accepted)

Account#\_\_\_\_\_ Exp\_\_\_\_\_/\_\_\_\_\_

Name (as it appears on card)\_\_\_\_\_

Security Code (3 or 4 digits)\_\_\_\_\_ Credit card phone\_\_\_\_\_

Billing address same as above

Credit card billing address\_\_\_\_\_

**GIVING OPTIONS**

I wish my gift to  honor or  memorialize

Name\_\_\_\_\_

Please send acknowledgment to

Name\_\_\_\_\_

Address\_\_\_\_\_

City/St\_\_\_\_\_

Please direct my gift to

The River Edge Fund (Area of Greatest Need)

Endowment

Addiction Recovery Services

Mental Health and Wellness Services

Developmental Disabilities Services

**PLANNED GIVING**

Please remember The River Edge Foundation in your will or estate plan—and let us know if you do.

I would like more information about Planned Giving.

I have included The River Edge Foundation in my will or estate plan.

Please contact me at\_\_\_\_\_

**EMPLOYER MATCH PROGRAM**

Does your employer match gifts?

My employer, \_\_\_\_\_, will MATCH MY GIFT. My completed matching gift form is enclosed.

My matching gift form will be mailed later.