



I commit to a gift in the amount of \$ _____ to
River Edge Foundation.

Signature _____ Date _____

DONOR INFORMATION: (please print)

Name _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Birthday Month _____ Day _____

For recognition, list as _____

I wish to remain anonymous

PAYMENT OPTIONS: (select one)

Check. Enclosed payable to River Edge Foundation

Pledge - send reminder for balance due

Monthly Quarterly Other _____

Charge: MC VISA Discover AMEX

(Credit/ Debit cards are accepted)

Account # _____ Expiration ____ / ____

Name as it appears on card _____

Security Code (3 or 4 digits) _____

Billing address same as above

Billing address: _____

Zip _____

Return Card to:
River Edge Foundation
175 Emery Highway
Macon, GA 31217
478.803.7800 | philanthropy@river-edge.org

GIVING OPTIONS:

I wish my gift to honor or memorialize

Name_____

Address_____

City/ State_____

Please direct my gift to:

- River Edge Fund
- Endowment
- Designate to a Specific Program
 - Addiction Recovery Services
 - Mental Health and Wellness Services
 - Developmental Disabilities Services
 - Prescription Assistance

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.

PLANNED GIVING:

- I would like more information about planned giving. Please have a Foundation team member contact me.

