

REACHing our goal together!



River Edge team
members encouraging
one another to make a
personally significant
gift



Support the mission of
River Edge Behavioral Health
to
MAKE LIFE BETTER
for the communities we serve!



We need your help to
REACH this year's goal!

YOUR SUPPORT MATTERS!

IT MAKES A DIFFERENCE

Every gift makes life a little better
in some capacity.

IT SENDS A MESSAGE TO OUR COMMUNITY

By making a personal donation to
River Edge Foundation, it sends a
message to our community that
you believe enough in the work
you do to make a personal
financial investment in it.

QUESTIONS?

Call a Foundation team
member at 478.803.7800 or
email [philanthropy@river-
edge.org](mailto:philanthropy@river-edge.org)

175 Emery Highway
Macon, GA 31217



We Help Make Life Better™



REACH

River Edge Achieving Community Health



River Edge Giving Campaign
For Ambassador Team Members



How your gift will **REACH** lives...

**\$- COVER THE COST OF
PRESCRIPTION CO-PAYS FOR
INDIVIDUALS WE SERVE**

**\$- PERMIT EMERGENCY FUNDS TO
PROVIDE PERSONAL HYGIENE ITEMS
FOR INDIVIDUALS IN NEED**

**\$- FUND THE STAFF SUPPORTING
STAFF (SSS) PROGRAM THROUGH
HUMAN RESOURCES- TO HELP YOUR
PEERS IN NEED**

**\$- PROVIDE MONEY TO
HOST HOLIDAY PARTIES FOR THOSE
WE SERVE- OFTEN THE
ONLY HOLIDAY CELEBRATION THEY
WILL EXPERIENCE**

**\$-PROVIDE GIFTS FOR THE CHILDREN
IN THE RECOVERY CENTER WHO ARE
CRITICALLY ILL DURING THE
HOLIDAYS**

**\$-PROVIDE SUPPORT TO INDIVIDUALS
IN RECOVERY LIVING IN
SUPPORTIVE HOUSING AND
EXPERIENCE A FINANCIAL
EMERGENCY**

**THESE ARE ONLY A FEW
EXAMPLES.....CAN YOU HELP?**

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Email _____

Birthday: Month _____ Day _____

I would like to make a gift in HONOR/ MEMORY of: (please circle)

One time gift of \$ _____

☐ Cash ☐ Check ☐ Credit Card
(CC payments can be made online or by
phone at 478-803-7800)

***PER PAY PERIOD DEDUCTION (52 times)**

☐ \$2.50/pay period ☐ \$10/pay period
☐ \$5/pay period ☐ \$20/pay period
☐ \$7.50/pay period
☐ Other \$ _____/pay period

I would like my gift to support this fund:

☐ River Edge Fund (Where needed most)
☐ Addiction Recovery Services
☐ Mental Health & Wellness Services
☐ Developmental Disabilities Services
☐ Prescription Assistance
☐ ID Fund

Please Sign

X _____

***My payroll deduction will be a continuous gift from
year to year until I notify the Foundation to stop
or make a change.**