



# RIVER EDGE FOUNDATION

*We Help Make Life Better™*

I commit to a total of \$\_\_\_\_\_ to  
River Edge Foundation.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**DONOR INFORMATION:** (please print)

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

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

Birthday Month\_\_\_\_\_ Day\_\_\_\_\_

In publications, 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 accepted)*

Account#\_\_\_\_\_ Expiration\_\_\_\_\_/\_\_\_\_\_

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

Security Code (3 or 4 digits)\_\_\_\_\_

Billing address same as above

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

\_\_\_\_\_ Zip\_\_\_\_\_

Credit card phone number\_\_\_\_\_

**Return card to:**

River Edge Foundation

277 Martin Luther King Jr, Blvd., Suite 102-A

Macon, GA 31201

478.803.7800 | [philanthropy@river-edge.org](mailto:philanthropy@river-edge.org)

**GIVING OPTIONS:**

I wish my gift to  honor or  memorialize  
Name\_\_\_\_\_

Please send an acknowledgment to:  
Name\_\_\_\_\_

Address\_\_\_\_\_

City/State\_\_\_\_\_

- Please direct my gift to:
- River Edge Fund (area of greatest need)
  - Endowment
  - Addiction Recovery Services
  - Mental Health and Wellness Services
  - Developmental Disabilities Services
  - Prescription Assistance

**PLANNED GIVING:**

Please remember 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 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.

