



Contribution Form

River Oak Center for Children Values Your Support!

Name: _____	Company Name: _____
Address: _____	E-mail address: _____
_____	<input type="checkbox"/> Check here to begin receiving River Oak's e-newsletter.
Home Phone: _____	Business Phone: _____
	Fax Number: _____
This gift is: <input type="checkbox"/> Corporate <input type="checkbox"/> Anonymous	

- I/We would like to make a one time gift of \$ _____.
- I/We would like to make a recurring gift.

Gift Amount: \$ _____ Payment Frequency: _____ (Monthly, Quarterly, or Yearly)

Note: This gift will count as the first payment toward your total gift amount.

Please apply my donation to:

- Annual Fund (use where needed most)
- Spring for Kids
- Helping Hand Fund
- Activity/Scholarship Fund

- I am enclosing a check (payable to River Oak Center for Children) *or*
- Please charge my credit card: Visa MasterCard American Express
- Credit Card # _____ Expiration date: _____
- 3-digit security code on back or 4-digit code on front of card: _____
- Name on the card: _____ Signature: _____

- I/We would like to make a gift of securities. Please contact me with instructions.

This donation is <input type="checkbox"/> in honor of <input type="checkbox"/> in memory of: _____ Please notify: _____ Address: _____ _____
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This contribution is eligible for a matching gift: <input type="checkbox"/> Form enclosed. <input type="checkbox"/> Form will be sent separately.
