



River Oak
Center for Children

Contribution Form

River Oak Center for Children Values Your Support!

Name: _____ Company Name: _____

Address: _____ E-mail address: _____

Home Phone: _____ Business Phone: _____

Fax Number: _____

This gift is: Corporate 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)
- Helping Hand Fund
- Santa's Workshop

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 in honor of in memory of:

Please notify: _____

Address: _____

This contribution is eligible for a matching gift:

- Form enclosed.
- Form will be sent separately.