



# GIVING FORM

## STEP ONE: YOUR NAME & ADDRESS

To ensure proper receipting please complete the following:

Today's Date: \_\_\_\_\_ YES, I am an Alumni of Ridgewater College.

Name(s): \_\_\_\_\_  
(Include spouse's name if this is a joint gift)

Address:

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

\_\_\_ **My gift is to remain anonymous.** (All donor names will be listed in the Annual Report unless otherwise requested).

## STEP TWO: SELECT YOUR PAYMENT METHOD

**YES**, I want to give, as follows:

<input type="checkbox"/>	Please invoice me/my company for a gift of \$ _____ to RC Foundation.
<input type="checkbox"/>	I'm enclosing a check in the amount of \$ _____ payable to RC Foundation.
<input type="checkbox"/>	Please charge my gift of \$ _____ to my: ___ VISA ___ MASTERCARD Card # _____ Expiration Date: _____ Signature: _____
<input type="checkbox"/>	I will give through ACH automatic debit. My completed ACH Payment Authorization Form is attached.

## STEP THREE: ALLOCATE YOUR GIFT AND SIGN THIS FORM

Please allocate this gift as follows: \_\_\_ GENERAL FUND (use my gift where it's needed most)  
\_\_\_ GENERAL SCHOLARSHIPS  
\_\_\_ NAMED SCHOLARSHIP FUND: \_\_\_\_\_  
\_\_\_ PROGRAM AREA: \_\_\_\_\_

- My company (or my spouse's company) has a matching gift program. The matching gift form is enclosed.
- My gift is made in **memory / honor** (circle one) of: \_\_\_\_\_

**PLEASE SIGN:** Signature: \_\_\_\_\_

## STEP FOUR: RETURN THIS FORM TO:

Kelly Magnuson, Executive Director  
Ridgewater College Foundation  
2101 15<sup>th</sup> Ave NW, P.O. Box 1097, Willmar, MN 56201

2 Century Ave, Hutchinson MN 55350  
Phone: 320-222-6094

# Automatic Electronic ACH Payment Authorization

- YES**, I want to donate to the Ridgewater College Foundation via Automatic Electronic ACH Payment.

I/We authorize Ridgewater College Foundation to automatically deduct payment as follows from my/our checking account:

**CHOOSE AN OPTION:**

- \$ \_\_\_\_\_ per month on the 1<sup>st</sup> / 15<sup>th</sup> of each month  
\$ \_\_\_\_\_ quarterly, on 3/31, 6/30, 9/30 and 12/31 each year  
\$ \_\_\_\_\_ 2x per year on these dates: \_\_\_\_\_  
\$ \_\_\_\_\_ per year on this date: \_\_\_\_\_

The fund/area designation for my gift is: \_\_\_\_\_ Greatest Needs  
\_\_\_\_\_ General Scholarships  
\_\_\_\_\_ Program Area: \_\_\_\_\_  
\_\_\_\_\_ Named Scholarship: \_\_\_\_\_

I/we agree to maintain sufficient balances to cover such transfers. It is understood that any billing errors and adjustments will be made between Ridgewater College Foundation and me. *I understand it is my responsibility to advise the Ridgewater College Foundation of any changes to my account in a timely manner.*

\_\_\_\_\_  
[printed name(s)]

X \_\_\_\_\_  
Signature(s) Date

**PLEASE ATTACH A VOIDED CHECK HERE.** (Note: voided deposit tickets do not include the information needed)

Your Name 1234 Main St Your City, State 12345	<b>1234</b>
Pay to the order of _____ _____	Date _____ \$ _____ Dollars
Your Bank	<b>Void</b>
Memo _____	
:012345678 : 00 123 456 78  • 1234	