

**YES, I want to contribute and help Ridgewater College students succeed!**

<b>DONOR INFORMATION</b>			Today's Date: _____		
Name: _____		Phone: _____			
Company Name (if applicable): _____					
Address: _____		City: _____	State: _____	Zip: _____	
Email: _____					
Your relationship to us:	<input type="checkbox"/> Alumni	<input type="checkbox"/> Retiree	<input type="checkbox"/> Employee	<input type="checkbox"/> Former Employee	<input type="checkbox"/> Friend of college

GIFT AMOUNT:    \_\_\_\$50    \_\_\_\$100    \_\_\_\$250    \_\_\_\$500    \_\_\_\$1000    Other: \$ \_\_\_\_\_

- My company (or my spouse's company) will match. The matching gift form is enclosed.
- My gift is to remain anonymous. *(All donor names will be listed in the Annual Report unless otherwise requested).*

**ALL GIFTS ARE 100% TAX DEDUCTIBLE!**

<b>PAYMENT INFORMATION</b>	
<input type="checkbox"/> Enclosed is my check # _____ payable to Ridgewater College Foundation.	
<input type="checkbox"/> Please charge my credit card # _____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Signature: _____	Exp: _____ CSV: _____
<input type="checkbox"/> I am an employee and want to contribute via automatic payroll deduction: <input type="checkbox"/> One time Amount \$ _____ <input type="checkbox"/> Continuous (every pay day) \$ _____ per pay period	
<input type="checkbox"/> I am not an employee and want to contribute via automatic debit to my account. I have completed the Electronic Payment Authorization and provided a voided check for your use.	

- My gift is made in \_\_\_ in **memory of** \_\_\_ in **honor of**: Name: \_\_\_\_\_  
 Family to be notified: Name: \_\_\_\_\_ (no amounts mentioned)  
 Address: \_\_\_\_\_

<b>GIFT DESIGNATION</b>
Please designate my gift as follows:
___ Student Success Fund (formerly Area of Greatest Needs fund)
___ General Scholarships
___ Designated program or named fund: _____

# Electronic Payment Authorization



**YES**, I wish to set up an automation donation to the Ridgewater College Foundation via Electronic Debit.

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

**CHOOSE AN OPTION:**

- Monthly: [\$25 minimum] \$ \_\_\_\_\_ per month on 30<sup>th</sup> day
- Quarterly: [\$25 minimum] \$ \_\_\_\_\_ on 3/30, 6/30, 9/30 & 12/30
- Annually: [\$25 minimum] \$ \_\_\_\_\_ on the 30<sup>th</sup> day of : \_\_\_\_\_

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