



CASH CONTRIBUTION FORM

DONOR INFORMATION Today's Date:						
Name:		Co	mpany Name (if appli	icable):		
Phone:		Email:				
Address:				_ City:	Sta	ıte: Zip:
Your relationship	to us:					
☐ Alumni	☐ Retiree	☐ Employee	☐ Former Employe	e 🗖 Othe	er:	
GIFT DESIGNA Please designate		ifts are 100% ta	x deductible!)			
☐ Ridgewa	ter Cares / Unres	tricted (use wher	re it's needed most)			
☐ General	Scholarships					
■ Named s	cholarship fund:_					
☐ Specific	program / depart	ment:				
My gift is: □ in honor	• of:					
🗖 in mem o	ory of					
Name of	family to be notif	fied of gift*:				
Address	of family to be no	tified of gift*:				
*Gift amou	nt will not be disclosed	to family notified				
PAYMENT INF Gift Amount:\$25	ORMATION\$50	\$100	\$250	_\$500	\$1,000	Other: \$
□ Enclosed	l is my chack #	navahla	e to Ridgewater Coll e	ege Egynda	tion	
, ,	sany (or my spous s to remain anony		l match. The matching			

MORE INFORMATION

- If you would like to set up a monthly/quarterly/yearly via electronic payment from my checking/savings account please contact Ashley Gabbert at Ashley.Gabbert@ridgewater.edu or 320-222-6098.
- For more ways to give please visit: https://www.ridgewater.edu/ways-to-give/