



## Opening Doors Campaign Commitment Form

**YES**, *I want to help individuals with disabilities live meaningful lives with a contribution of:*

\$1,000    \$500    \$250    \$100    \$75

Other \$ \_\_\_\_\_

I pledge \$ \_\_\_\_\_ x \_\_\_\_\_ months to total \$ \_\_\_\_\_

To make your contribution, fill in and mail this card with form of payment in the enclosed envelope or donate online by visiting [www.riverfrontinc.org/give](http://www.riverfrontinc.org/give).

Date: \_\_\_\_\_  I want my gift to remain anonymous

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to make my gift of \$ \_\_\_\_\_ by credit card.

Please bill my:  Visa    MasterCard

Credit Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

Name of cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

***Please make checks payable to Riverfront Foundation.***

I have included Riverfront in my will.

Please contact me regarding opportunities to volunteer.

### ***Thank you!***

***Your gift will help support individuals with disabilities by providing services that help them live, learn and work.  
You will receive a receipt for your tax deductible gift.***