

Riverside Community Care[®]

Leading the Way in Behavioral Healthcare & Human Services

**Yes, I want to help make behavioral health and human services possible
for adults, children, and families!**

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

GIFT INFORMATION

___ This is a one-time gift of \$ _____

___ I would like to provide reliable support to Riverside with my monthly donation of \$ _____.

Total annual giving of \$1,000 or more qualifies you for membership in the Scott M. Bock Leadership Society.

PLEASE DIRECT MY GIFT TO

___ Area of greatest need

___ Child Mental Health & Family Services in Cambridge & Somerville (Guidance Center Fund)

___ Other: _____

GIFT IN MEMORY OF OR IN TRIBUTE TO A LOVED ONE

This gift is: ___ in memory of ___ in honor of:
(Name) _____

Please notify:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

(more on other side)

PAYMENT INFORMATION (PLEASE SELECT ONE PAYMENT OPTION)

My check made payable to Riverside Community Care is enclosed

Please withdraw from my checking account

Account Number _____ Routing Number _____

Please charge my credit or debit card: Visa Mastercard Amex

Card Number _____ CVV Code _____ Exp. Date _____

I AM INTERESTED IN LEARNING MORE ABOUT:

Including Riverside in my estate plans.

Contributing a gift of stock or securities to Riverside.

My company's matching gift program.

Other: _____

MAIL FORM TO: Development Office, Riverside Community Care, 270 Bridge St, Suite 301,
Dedham, MA 02026

Please contact 781-320-5319 or Development@riversidecc.org for more information.

Thank you for your support!