

**The Riverbend Academy – School of Visual & Performing Arts
Donor Form**

_____ I would like to make a gift to RBA in the amount of _____
or (choose one):

- _____ \$25,000
- _____ \$10,000
- _____ \$5,000
- _____ \$2,500
- _____ \$1,000
- _____ \$500
- _____ \$250
- _____ \$100
- _____ Other _____

_____ Enclosed is a check payable to Riverbend Academy

_____ I would like to pledge a gift of \$ _____ per year, for _____ years, to RBA—Invoice me beginning month/year _____/_____

_____ Please charge my gift:

- _____ Visa _____ Master Card _____ Discover _____ Debit Card
- _____ Annually _____ Semi-Annually _____ Quarterly
- Account number _____ Exp. Date _____/____
- Signature _____

_____ Please make my gift _____ in honor of _____ in memory of

(Name) _____

Send acknowledgement to address: _____

_____ My gift is undesignated to use where there is greatest need

_____ Please designate make my gift for _____

Name(s) (as it will appear in publication) _____

_____ I wish my gift to be anonymous.

Company _____

_____ My company will match my gift.

Work Address

City _____ State _____ Zip _____

Work Phone _____

E-mail _____

Home Address

City _____ State _____ Zip _____

Home Phone _____

E-mail _____

Mail To: Riverbend Academy P.O. Box 482 Henderson, KY 42419-0482

Questions? Call (270) 827-9420

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