

# MARY RIGG

## GIFT FORM

Mary Rigg Neighborhood Center · Indianapolis, IN 46221  
Donate on-line at [www.maryrigg.org](http://www.maryrigg.org)

### Neighborhood Center

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Company Name \_\_\_\_\_

Does your company match employee gifts?  
 YES     NO

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I would like to talk more with someone from Mary Rigg about my gift

**PLEASE SEND ME MORE INFORMATION ABOUT:**

- Volunteering
- Attending a lunch and tour
- Donating stock or real estate
- Including Mary Rigg in my will/estate planning
- Having a speaker from Mary Rigg speak at an event

**I'D LIKE TO MAKE A DONATION****Donation by:**

- Check
- Credit Card
- Money Order
- Stock/Securities Transfer

(MRNC will contact you to arrange)

Total amount of gift \$ \_\_\_\_\_

Credit Card (circle one):    AmEx    VISA    MC    Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Security Code on Card\*: \_\_\_\_\_

\*The location of the security code depends on the type of card you hold:

**VISA, MC, and Discover:** Last three-or four digit cluster of numbers on back of card, near signature area

**AmEx:** On front of card, security code is four-digit number printed near embossed card number

**CHOOSE THE IMPACT YOU'D LIKE TO MAKE**

- I want 100% of my gift to support the greatest needs
- I want my gift to be used toward the following services (please allocate gift as you wish):

Annual Fund	\$ _____
Food Pantry/Hunger Relief	\$ _____
Employment	\$ _____
Children and Youth	\$ _____
Summer Day Camp	\$ _____
Financial Coaching	\$ _____
Senior Services	\$ _____
Goodwin Comm. Center	\$ _____
Other _____	\$ _____

**GIVE IN HONOR OR MEMORY (OPTIONAL):**

- In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_

In addition to sending me a receipt, please send acknowledgement of gift to the following (size of gift will not be mentioned):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE INCLUDE BELOW ANY ADDITIONAL INFORMATION ABOUT HOW YOU WOULD LIKE YOUR GIFT TO BE USED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can we e-mail client success stories and updates to you?  
 YES     NO

Signature \_\_\_\_\_

Date \_\_\_\_\_