

River Fund Inc.

55 Civic Way ~ Laughlin, NV ~ 89029 ~ 702-298-0611

A 501(C)(3) Organization ~ Tax Id # 27-2937370

Bi-Weekly Payroll Deduction Employee Donor Form

| River Giver Information (Please Print) | | One Time River Giver |
|--|----------------------------------|--|
| Name | Employee # | Leadership River Givers: Platinum River Giver \$2,500 |
| Employer | Dept/Location | Gold River Giver \$1,000 Silver River Giver \$500 Bronze River Giver \$250 |
| River Giver's Signature | Date | |
| ** Please note that the River Fund payroll de Your deductions will continue until you addeductions, or when you terminate your emp | vise your Human Re bloyment. | esources Department to stop the |
| CHOOSE THE WEEKLY PAYROLL DED | UCTION THAT IS MO | ST CONVENIENT FOR YOU |
| \$3.00 per pay period \$10. | 00 per pay period | \$20 per pay period |
| \square \$5.00 per pay period \square \$12.0 | 00 per pay period | Other: \$ |
| \$7.00 per pay period \$15. | 00 per pay period | per pay period |
| Please designate my contribution to the General Fullimited to, illness, loss of life, energy, food, shelter | | |
| | OR | |
| $igsquare$ Please designate my contribution to the following ${f L}$ | <u>.OCAL</u> non-profit organiza | ation (minimum of \$100.00 annually) |
| Non-profit Organization: | | ····· |
| Address: | | |
| City, State, & Zip: | | |
| <i>"River Givers" Suppor</i> Laughlin ~ Bullhead Cit | | |

www.riverfundinc.com Email: info@riverfundinc.com