

Donor Information

Name _____ Spouse's name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ E-mail _____

Have you previously made a gift to Riley Children's Foundation? Yes No

Would you like to receive a special greeting card to send to your grandchild? Yes No

Is this gift from you and your spouse? Yes No

Would you like Riley Children's Foundation to notify your grandchild about this gift? Yes No

We will not share your contact information.

Grandchild Contact Information

Name _____

Address _____

City _____ State _____ ZIP _____

Gift/Pledge Information

Amount of gift/pledge _____

Payment method

Cash Stock

Visa MasterCard Discover American Express

Check payable to Riley Children's Foundation

Card Number _____ - _____ - _____ - _____

Exp. Date ____/____/____ Name as it appears on card _____

Complete this portion for pledge only

Installment schedule Quarterly, to be paid over ____ years Annually, to be paid over ____ years

Installment amount _____ Expected date of first payment ____/____/____

Gift Direction

Foundation
general benefit

Riley Hospital
general benefit

Camp Riley
general benefit

Riley Museum Home
general benefit

Other (specify) _____

Donor signature _____

Date _____

Staff signature _____

Date _____

Attention: Grandparents Program
30 South Meridian St., Suite 200
Indianapolis, IN 46204-3509
317.634.4474
877.867.4539 toll-free
317.634.4478 fax
RileyKids.org

In rare circumstances, if in the judgment of the Riley Children's Foundation Board of Governors, the original charitable purpose of a fund becomes, in effect, unnecessary, incapable of fulfillment or inconsistent with the charitable need of the Foundation, the Board reserves the right to redirect gifts from one of the Foundation's charitable needs to another without the donor's approval.