



River Fund Inc.

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

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

Weekly Payroll Deduction Employee Donor Form

River Giver Information (Please Print)

Name _____ Employee # _____

Employer _____ Dept/Location _____

River Giver's Signature _____ Date _____

One Time River Giver
\$ _____

Leadership River Givers:
Platinum River Giver \$2,500
Gold River Giver \$1,000
Silver River Giver \$500
Bronze River Giver \$250

Please note that your River Fund payroll deduction will continue for a period of one year beginning the date you enroll in the program. At the end of the twelve month period, you will be required to re-enroll in the Employee Donor Crisis Fund through the Human Resources Department should you wish to continue.

CHOOSE THE WEEKLY PAYROLL DEDUCTION THAT IS MOST CONVENIENT FOR YOU

- \$1.50 per pay period \$5.00 per pay period \$10 per pay period
- \$2.50 per pay period \$6.00 per pay period Other: \$ _____
- \$3.50 per pay period \$7.50 per pay period per pay period

Please designate my contribution to the General Fund Account for crisis intervention situations including, but not limited to, illness, loss of life, energy, food, shelter, and other major hardships on a case-by-case basis.

OR

Please designate my contribution to the following **LOCAL** non-profit organization (**minimum of \$100.00 annually**)

Non-profit Organization: _____

Address: _____

City, State, & Zip: _____

**“River Givers” Supporting Our Local Communities !!!
Laughlin ~ Bullhead City ~ Ft Mohave ~ Mohave Valley**

www.riverfundinc.com

Email: info@riverfundinc.com