



**DONOR INFORMATION**

<b>Full Name</b>	<b>Pledge Start Date</b> ____ / ____ / ____
<b>Address</b>	<b>City, State, Zip</b>
<b>Phone</b> <i>Home</i>	<b>Phone</b> <i>Cell</i>
<b>Email 1</b>	<b>Email 2</b>

**Donation Amount per year for 3-year pledge - minimum \$1,000 per year (Circle One)**

**\$10,000      \$7,500      \$5,000      \$2,500      \$1,000      Other: \$\_\_\_\_\_**

**Donation Method**

- Check  
*Mail checks (made payable to SOUL RYEDERS) and this completed form to the address below*
- Credit Card  
*Go to [soulryeders.org/giving-circle](http://soulryeders.org/giving-circle) and click the donate online button*
- Appreciated Stock  
*SOUL RYEDERS will contact you*

**Donation Frequency**

- Give full 3-year pledge all at once
- Monthly
- Quarterly (*March, June, September, December*)
- Annually

**Acknowledgement**

Tribute Gift  
 This gift is in  HONOR of:  MEMORY of:

\_\_\_\_\_

*Please include name, mailing and/or email address of who we should send the acknowledgement and the preferred contact method*

\_\_\_\_\_

\_\_\_\_\_

**Donation Recognition**

Your name(s) as you would like it to appear on our donor recognition materials

\_\_\_\_\_

\_\_\_\_\_

Anonymous *I/we wish to remain anonymous*

**Matching Gift**

Gift will be matched by: \_\_\_\_\_  
*Please enclose or forward any matching gift forms*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**THANK YOU FOR BECOMING A MEMBER OF THE SOUL RYEDERS GIVING CIRCLE**

**Contact Information**

SOUL RYEDERS  
 1091 Boston Post Road  
 Rye, NY 10580

**Questions**

Call: 914.412.4884  
 Email: [givingcircle@soulryeders.org](mailto:givingcircle@soulryeders.org)  
 Web: [soulryeders.org](http://soulryeders.org)