



Riverflow Community Donation Form

Print this form and mail to:
Riverflow Community
Attn: Development
57 Cedar Lane
North Ferrisburgh, VT 05473

Yes! I/We want to support the exceptional way of living offered to adults with special needs at Riverflow Community.

Name(s) _____ Date _____
(as you wish to be listed in annual reporting)

My/Our gift is anonymous.

Addresses _____
Street or P.O. Box City State Zip

Telephone _____

Enclosed is my/our gift of:

\$5,000 \$1,000 \$250 \$100

Check made payable to Riverflow Community

Matching Gift

My/Our gift will be matched by: _____ and
I/we have enclosed the matching gift form.

Memorial Gift or Honorarium

My/our gift is in _____ memory _____ honor of: _____

Please send an acknowledgement to:

Name(s) _____

Addresses _____
Street or P.O. Box City State Zip

Questions? Call the office at (802)498-4180. Thank you.