



DONATIONS

Return this form to: **The Riford Center**
6811 La Jolla Blvd
La Jolla, CA 92037

Thank you for gift in support of the Riford Center. Please print and complete this form to mail your gift to the address above.

Gift Details

I / We wish to be listed on the Honor Role as: _____

I / We prefer to remain Anonymous

My/Our gift is in honor of _____ Please notify them at:

Street: _____ City: _____ Zip: _____

I would like to receive information about how I can include The Riford Center in my estate plan

May we suggest gifts to honor memorials, birthdays, anniversaries and other significant events

Contact Details

Title: _____ First Name: _____ Last Name: _____

Street: _____ City: _____ Zip: _____

Phone (h): _____ Phone (w): _____ Phone (cell): _____

Email: _____

Payment Details

Check Visa MasterCard Card/Check#* _____

EXP ___/___ Donation Amount** \$ _____

Signature _____ Date: ___/___/___

* checks should be made out to Friends of the Riford Center

** donations are tax deductible according to the extent allowed by law