



PO Box 791284
 NEW ORLEANS
 LA 70119
 504-482-1135
 THERICC.ORG

Name _____

Email _____

Address _____

City _____ St _____ Zip _____

Phone _____ My contact info has changed

Send me updates via email \$50

Please include me as a prayer partner \$100

I would like to give a one-time gift \$250

I would like to like contribute regularly \$500

I plan to start giving: ____/____/____ Other \$_____

Monthly Quarterly Annually Where needed most

I would prefer my gift to be directed: _____

BECOME A RESTORER

A RESTORER GIVES TOWARD OUR OPERATING COSTS FREEING US TO CONTINUE TO BUILD ON THE RELATIONSHIPS WE BUILD WITH OUR COMMUNITY AND VOLUNTEERS.

WE WELCOME ANY GIFT, WHETHER IT PAYS FOR A PAINTBRUSH OR THE ART TEACHER. WE ARE TRULY GRATEFUL FOR ALL OF OUR SUPPORTERS.

IF YOU HAVE QUESTIONS CALL US AT 504-482-1135 OR EMAIL DONATIONS@THERICC.ORG.

SAVE TIME BY DONATING ONLINE AT THERICC.ORG

Bank Card Terms of Agreement

Name as it appears on card _____

Billing Address (if Different) _____

I hereby authorize The RICC to charge my bank card for the amount indicated. This authorization shall remain in effect until I notify The RICC, in writing, that I wish to end this agreement. A record of my charge will appear on my regular bank card statement. The RICC will send me a year end receipt for all tax deductible gifts, unless a monthly receipt is requested.

City _____ St _____ Zip _____

Card Number Visa MC Discover AMEX

Signature _____

Date ____/____/____

Exp. Date ____/____ Security Code _____

Please automatically charge my card **monthly** on the **1st** or the **15th** (circle date)