

PROSPECTIVE DONORS - GET ACTIVE!

(Please check one or more donation options.)

- YES! I would like to make a tax-deductible contribution to The REACH Complex.**
- YES! I would like to make a donation of in-kind goods and/or services to THE REACH Complex.**
- YES! I would like to offer my services as a volunteer at The REACH Complex.**

Dr./Mr./Ms.: _____
(First Name) (Middle Initial) (Last Name)

Address: _____
(Street/ P.O. Box #) (Apt./Suite #)

City: _____ **State:** _____ **Zip Code** _____

Home Telephone: (____) _____ **Home E-mail:** _____

Organization/Company: _____ **Title:** _____

Work Telephone: (____) _____ **Work E-mail:** _____

VOLUNTEER INFORMATION

Please indicate area(s) of interest, training, background and/or expertise:

Please indicate days/times of availability:

PAYMENT INFORMATION

The REACH Complex, a subsidiary of Rivers Productions, Inc., is a 501(c) 3 nonprofit organization.

Please charge my tax-deductible contribution to:

MasterCard VISA American Express Discover Card

Credit Card #: _____ **Expiration Date:** _____

Name on Credit Card: _____

If paying by check, make payable to: The REACH Complex

Mail to:

The REACH Complex
1281 Poplarcrest Circle, S.E.
Atlanta, Georgia 30316

Thank you for your generous support of the mission and vision of The REACH Complex!