



Regional  
Rehab  
Center

## 65 Years Special Project Campaign Pledge Form

Yes! I believe in the mission of The Regional Rehabilitation Center and I want to support the 65 Years Capital Campaign.

Donor[s]: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Total Amount of Pledge: \$ \_\_\_\_\_**

**Pledge to be paid as follows:**

I am supporting this campaign today  
With the gift of: \$ \_\_\_\_\_

Single year payment  
Of pledge: \$ \_\_\_\_\_  
Beginning on [date]: \_\_\_\_\_

Multiple year payment  
Of pledge: \$ \_\_\_\_\_  
Beginning on [date]: \_\_\_\_\_  
To be paid over [years]: \_\_\_\_\_

**Please bill me:**  
 Annually  
 Monthly  
 Quarterly  
 Other: \_\_\_\_\_

**Terms of Pledge**

**Public Recognition:**

The Regional Rehabilitation Center may publicly acknowledge my commitment:

\_\_\_\_\_ Yes \_\_\_\_\_ No

**This gift commitment is made in honor/memory of:** \_\_\_\_\_

**Please send notification of my honorary/memorial gift to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Method of Payment[s] Check payable to:**

RRC Capital Campaign Fund  
C/O CREATE Foundation  
PO Box 1053  
Tupelo, MS 38802-1053

**Please charge my:**

Visa  MC  AmEx  Discover  
Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Planned Gifts and Stock:**

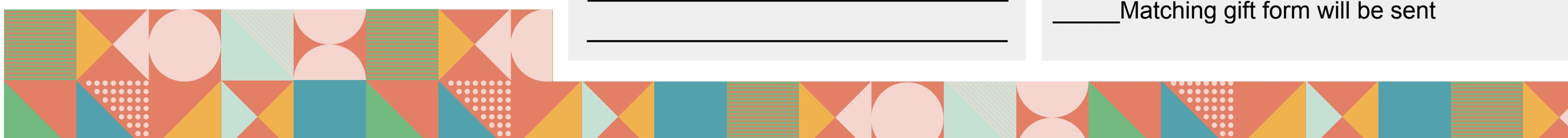
Please contact The Regional Rehab Center for more information.

**Other:**

My/Our gift will be matched by \_\_\_\_\_

Matching gift enclosed

Matching gift form will be sent



By this pledge, I/we are making a binding commitment to give the amount[s] specified below, which pledge The Regional Rehabilitation Center accepts and will act in reliance upon to begin the building project and programs supported by the Regional Rehabilitation Center. I/We intend that the terms of this pledge will be legally binding upon and enforceable against me/us and my/our respective successors and heirs (including, without limitation my/our estate[s] and executor[s]). This pledge shall be governed by and interpreted under the laws of the State of Mississippi. The Regional Rehabilitation is a nonprofit, tax-exempt organization under the provisions of section 501 [d] [3] of the Internal Revenue Code. The Regional Rehabilitation Center's federal tax identification number is 64-0413349.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_