



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:

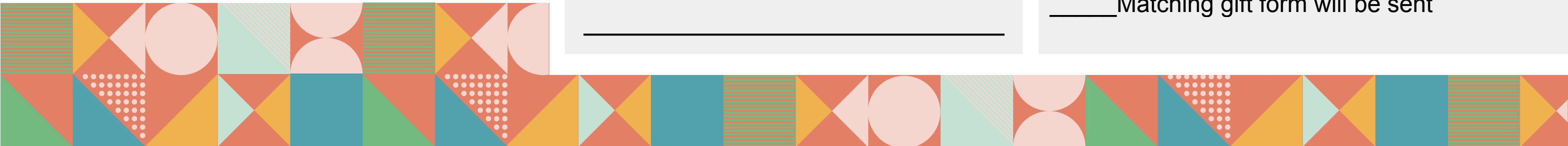
Please contact The Regional Rehab Center for more information.

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: