



CENTER FOR EQUINE THERAPY
CAPITAL CAMPAIGN PLEDGE FORM

Donor(s): _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Yes! I believe in the mission of Southern Reins and want to support the Capital Campaign.

TERMS OF PLEDGE

Total Amount of Pledge \$ _____
Naming Opportunity: _____

Pledge to be paid as follows:
Single year payment of \$ _____
Beginning on (date) _____

Multiple year payment of \$ _____
Beginning on (date) _____

Term of payment _____
To be paid over (years) _____

Please bill me Annually Monthly Quarterly

My/Our gift will be matched by: _____
 Matching gift enclosed Matching gift form will be sent

Method of Payment:

- Check Payable to Southern Reins
- Please charge my:
 Visa MC AmEx Discover

Credit Card Number _____
Expiration: _____ CCV: _____ Billing zip code: _____

Planned Gifts and Stock
Please contact us for more information

Other _____

Southern Reins Center for Equine Therapy 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: _____

Special Instructions: _____

By this pledge, I/we are making a binding commitment to give the amount(s) specified below, which pledge Southern Reins Center for Equine Therapy accepts and will act in reliance upon to acquire property and make capital improvements to enable the organization to continue its mission. 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 Tennessee. Southern Reins Center for Equine therapy is a not-for-profit, tax-exempt organization under the provisions of section 501(c)(3) of the Internal Revenue Code. Southern Reins' tax identification number is 47-4647784. Donations are tax-deductible to the extent allowed by law. In accordance with the Tennessee Secretary of State, a copy of our official registration may be obtained from the Division of Charitable Solicitations by calling 615-741-2555. Registration does not imply endorsement, approval, or recommendation by the State.

Signature: _____ Date: _____