



CENTER FOR EQUINE THERAPY

## CAPITAL CAMPAIGN DONATION 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:

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

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  
 Other: \_\_\_\_\_

### Method of Payment(s)

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 Southern Reins  
 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 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.

### Public Relations

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: \_\_\_\_\_

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

**Thank you for your charitable contribution.**



916 Billy Bryant Road, Collierville TN 38017

[www.southernreins.org](http://www.southernreins.org)

Southern Reins Center for Equine Therapy is a 501(c)(3) not-for-profit organization – federal tax identification number 47-4647784. Donations are tax-deductible to the extent allowed by law.