



CENTER FOR EQUINE THERAPY

CAPITAL CAMPAIGN PLEDGE FORM

Donor(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Terms of Pledge

Total Pledge Amount: \$ _____

Pledge to be paid as follows:

I am supporting this campaign with a gift of \$ _____ enclosed today.

I will make a single year payment of \$ _____ beginning on (date) _____

I will make a multi-year payment of \$ _____ beginning on (date) _____ 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 Date: _____
CCV: _____

Gifts of Stock:
Please contact Kanette Keough,
Director of Development, for more
information at 901-290-1011 or
kanette.keough@southernreins.org

Other:
My/Our gift will be matched by:

Matching gift is 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.

Donor Recognition

Southern Reins Center for Equine Therapy may publicly acknowledge my Capital Campaign commitment.

YES NO

This donation 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 and generous support of our Capital Campaign.



916 Billy Bryant Road, Collierville TN 38017
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.