

Hope Reins
529 Livingston Road
Bean Station, TN 37708



(423) 921-4525
www.hopereinsyouthranch.org
cindy@hopereinsyouthranch.org

PLEDGE OF DONATION

Contributor's Name: _____

Mailing Address: _____
Street or P.O. Box City State Zip Code

Phone: () _____ E-mail: _____

PLEDGE LEVELS:
Affiliates (\$10-\$49 Annual Giving)
Friends (\$50-\$100 Annual Giving)
Partners (\$500-\$999 Annual Giving)
Cornerstone Circle (\$1,000-\$10,000 Annual Giving)
Investors Circle (\$10,001-\$25,000 Annual Giving)





I pledge a monetary donation to Hope Reins totaling the amount of \$_____ to be paid as follows:

\$_____ Monthly beginning _____

\$_____ Quarterly beginning _____

\$_____ Bi-Annually on _____ and _____ dates

The Total in One Lump Sum On _____

I would like to pay by Check Cash Credit Card    

**If paying by Credit Card, please complete this section.*

Name as Appears on Card: _____ Card Number: _____

Expiration Date: _____ 3-Digit Security Code: _____

Authorization Signature _____

**By signing, you are authorizing donations to be deducted from this card automatically as specified above. This information will not be used and the card will not be charged for any other purpose than directed herein.*

I pledge an in-kind donation of: _____

to be given on or before _____ and valued at \$_____ (estimated fair market value).

This in-kind donation **MAY NOT BE SOLD OR AUCTIONED** or **MAY BE SOLD OR AUCTIONED**

OTHER DONATION INSTRUCTIONS:

If not otherwise specified below, acknowledgment of this donation will be made in the name of the contributor.
I would like this donation to be made and acknowledged:

In the Honor of _____

In the Memory of _____

Contributor's Signature: _____

***PLEASE MAKE CHECKS PAYABLE TO: HOPE REINS, 529 Livingston Road, Bean Station, TN 37708**