

## Pledge Form

Name:	Home Phone:
Home Address:	Cell Phone:
City: State: Zip:	Email Address:
•	ibes the commitment or gift you plan to make to support ent. Contributions will be directed to the Story County downent.
	payable in equal installments of \$ le: Total gift of \$5,000 with payments of \$1,000 per year fo
OUTRIGHT GIFT:  I/We wish to make an outright gift of \$	Example: Total gift of \$5,000 paid immediately
MATCHING GIFT: My/My spouse/partner's company offers a m and the match will prov	atch for charitable contributions. The company name is vide the following amount \$
 Donor Signature	 Date

Return this form to Jason Horras (jason@21stcenturyrehab.com) or Jeremy Galvin (jergalvin92@gmail.com)