



Wilson Research Foundation
1350 East Woodrow Wilson Blvd.
Jackson, Mississippi 39216
Phone: 601.364.3598
Email: wfgift@wilsonfoundation.org

Donation Form -- please fill out this form and mail to the address above with your tax-deductible donation or pledge.

Your gifts help support a number of needs at Methodist Rehabilitation Center, including rehabilitation research and education programs, patient care, outreach and community programs for the disabled, facilities and special equipment. The Foundation's Board of Governors award grants to the hospital based on needs, or you may designate your gift to be used in one of the areas above.

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

E-Mail Address: _____

PAYMENT METHOD

Check – my check is enclosed in the amount of \$ _____

Credit Card – Please charge my credit card account using the following information:

Donation Amount charged to credit card: \$ _____ Date: _____

Credit Card Type: Visa Master Card American Express

Card Number: _____ Expiration Date: _____

PLEDGES – I would like to make a pledge to the Wilson Research Foundation at Methodist Rehabilitation Center.

- Pledge of \$ _____
- \$100 per year for 5 years
- \$500 per year for 5 years
- \$5,000 per year for 5 years
- Enclosed is my 5 year gift of \$ _____
- Please invoice me annually

Signature: _____

HONORARIUMS AND MEMORIALS – I would like to honor someone with my gift to the Wilson Research Foundation.

- Enclosed is my gift of \$ _____
- In Honor of (name of person honored) _____
- In Memory of (name of deceased) _____
- Other Special Occasion (specify) _____

Please notify the following of my honorarium or memorial:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Questions? Contact Wilson Research Foundation staff – Chris Blount, executive director or Juanita Lester, administrative assistant. Telephone: 601.364.3598 or email wfgift@wilsonfoundation.org