

Pledge Form



Cloverdale Rehabilitation and Nursing Center

Donor Information (please print or type)

Name _____
Billing address _____
City, ST Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid in memory/honor of _____

Plaque Purchase

I (we) want to purchase a Memory Plaque for the Cloverdale Rehabilitation and Nursing Center's Memory Tree in memory/honor of _____

- Gold Sponsor: \$75.00
- Silver Sponsor: \$50.00
- Bronze Sponsor: \$25.00

Signature(s)

Date

Please make checks payable to:

Cloverdale Rehabilitation and Nursing Center
412 Cloverdale Road
Scottsboro, AL 35768