

YES, I WANT TO HELP REHAB!

I would like to support REHAB Foundation with a tax deductible gift of:

\$25 \$50 \$100 \$250 \$500 Other _____

Donations also accepted on our secure website at www.rehabhospital.org

Enclosed is a check made out to REHAB Foundation

Please charge my gift to my VISA MasterCard AMEX

Card No. _____ Exp. _____

Signature _____

My gift is: Unrestricted Restricted (specify) _____

In **Memory** of _____

In **Honor** of _____

Please indicate how you would like your name(s) to be listed in donor acknowledgement publications:

I do not wish to be listed in published donor acknowledgements

I have included REHAB Foundation in my will/estate plan

I am interested in receiving information about planned gift

If your name and/or address is incorrect, you are receiving duplicate mailings or you wish to be removed from our mailing list, please call REHAB Foundation at (808) 566-3 or email rehabfoundation@rehabhospital.org.