

Freedom Hills

Therapeutic Riding Program, Inc.

Donation Form



Name _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Bus _____
Cell _____ Email _____
Website _____

Personal Donation Amount \$ _____ or Monthly Contribution \$ _____

Legacy or Memorial Donation Amount \$ _____ or Monthly Contribution \$ _____

In Memory of: _____

To Commemorate: _____

In Honor of: _____

Annual Events & Auction Donations

Donated Item/Value _____

Event _____ Amount \$ _____ or Monthly Contribution \$ _____

Winner's Ribbon Plan & Corporate Sponsorship Amount \$ _____ or Monthly Contribution \$ _____

Platinum \$5000.00 plus

Gold \$2500.00 plus

Silver \$1000.00 plus

Purple \$ 500.00 plus

Rider Sponsorship Amount \$ _____ or Monthly Contribution \$ _____

Adopt-A-Horse Amount \$ _____ or Monthly Contribution \$ _____

Wish List Amount \$ _____ or Monthly Contribution \$ _____

Payment

Personal Check or Money Order Enclosed

Please charge my Credit Card Visa or Mastercard
Card # _____ Exp. Date _____

Name/Signature _____

If gift is donated in memory or in honor, please indicate name and address if different than above.