

Donor Form

Please mail to: Northland Therapeutic Riding Center, P.O. Box 1267, Kearney, MO 64060

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

___ \$45 provides a helmet to keep our riders safe

___ \$60 provides one therapeutic riding lesson for a child or adult with special needs

___ \$80 provides two hours of training for our special horses

___ \$360 provides one, six-week therapeutic riding session for a child or adult with special needs

___ \$375 provides one month of food and care for one special horse

Please use my gift of \$ _____ to support: ___ Riders ___ Horses ___ Equipment ___ Where needed most

TRIBUTE FUND

If you are interested in giving a gift as a memorial or in honor of someone's birthday or other special occasion, please complete the following information:

___ Memorial ___ Birthday ___ Special Occasion (please list) _____

NTRC will send an appropriate acknowledgement to:

Name of person honored: _____

Name of person to receive acknowledgement (if different from person honored): _____

Address: _____

City: _____ State: _____ Zip: _____