



ASSURE OUR MISSION:

— A CAMPAIGN TO —

**OWN OUR FARM
OWN OUR FUTURE**



I/We pledge the following gift to be paid as follows:

PAYMENT \$ _____ 2020 (by June 2020)

Please check the following as it relates to your gift/payment(s):

- I would like to make my payment(s) by credit card.
- My check is enclosed.
- I wish to make this gift via stock/securities.
- My employer provides a match to this gift. Please contact me.

Date _____

Print name(s) _____

Signature _____

Address _____

Best Phone _____ Email _____

GIFT RECOGNITION:

Please publicly acknowledge this gift according to our Donor Recognition plan.

Provide the name as you would like it to appear: _____

Please do not recognize this gift publicly. I/we wish for the gift to remain anonymous.

The gift is in honor of/in memory of: _____

Please make check payable to: Maryland Therapeutic Riding

1141 Sunrise Beach Road - Crownsville, Maryland 21032 | 410 923 6800 | horsethatheal.org

Maryland Therapeutic Riding is a 501©3 non-profit, tax exempt organization and your gift qualifies for a tax deduction.