



Memorial and Honorarium Donation Form

I would like to donate the following amount \$ _____ to Therapeutic Horsemanship.

Name – Please print: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

My gift is: In memory of: _____

In honor of: _____

Please notify:

Name – Please print: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Please mail your check along with this completed form to the address below.

Check Enclosed – Please make check payable to: Therapeutic Horsemanship

If you would like to donate by credit card, please provide the following information:

Charge to: _____ Visa _____ MasterCard _____
Account Number: _____ Expiration Date: _____

Signature: _____

If you work for a company that has a matching gift program, please send the appropriate form that enables your gift to go twice as far!

All contributions are fully tax-deductible to the extent allowed by law.

Therapeutic Horsemanship

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Wentzville, MO 63385

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