



Healing With Horses
 536 Raymond Hill Road
 Uncasville, CT 06382
 (860) 912-1557
 www.healingwithhorsesct.org



GIVING FORM

You can share in our commitment to place the emphasis on a relaxing experience that provides additional therapeutic benefits in the areas of socialization, posture, mobility, and an overall improved quality of life. When you participate, your donation will be transferred conveniently from your checking account or credit card directly to Healing With Horses 501(c)3.


Name(s) _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Email _____

I'd like to make a ___ Monthly Gift **OR** ___ Annual Gift **OR** ___ One-time Gift.

Please process my gift on the ___ 1st of the month **OR** ___ 10th of the month **OR** ___ 25th of the month

\$ ___ Carrot – Basic Fund - \$25.00 Monthly Charge	\$ ___ Carrot – Basic Member - \$250.00 year
\$ ___ Apple – Friendship - \$55.00 Monthly Charge	\$ ___ Apple – Friendship Level - \$550.00 year
\$ ___ Peppermint – Premier - \$125.00 Monthly Charge	\$ ___ Peppermint Premier Member - \$1,250.00 year
\$ ___ Horseshoe – Barn Buddy – under \$25.00	\$ ___ Horseshoe – Barn Buddy – under \$250.00 a year
\$ ___ Equestrian – Elite Member – over \$125.00	\$ ___ Equestrian – Elite Member – over \$1,250.00 a year
\$ ___ Total Donation (required)	

Enclosed is a voided check OR credit card information for my donation. Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.healingwithhorsesct.org or by contacting Healing With Horses 501(c)3 by phone or mail. All donations provided to Healing With Horses 501(c)3 comply with U.S. Law.

 Credit Card Number _____ Expiration Date ___ / ___

Signature _____ **Date** _____ (Required)

KEEP THIS PORTION FOR YOUR RECORDS

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