

Heroes of HOPE

Flexible Giving at Cincinnati Therapeutic Riding and Horsemanship

Become a Hero of Hope today! The benefits are life changing!

\$25 sponsors an equine companion for one day

\$36 provides program and therapy supplies

\$50 sterilizes and cleans program facilities

\$67 heats the barn and indoor riding arena

\$83 fights horse flies for comfort of the herd

\$104 helps keep the lights on

\$125 maintains water supply for pasture care, cleaning facility and herd health

Heroes of Hope Giving Preferences

YES! I / We will join Heroes of Hope with a monthly contribution of:

Monthly Pledge Amount: \$ _____ \$125 \$104 \$83 \$67 \$50 \$36 \$25

- Gift Method: Check enclosed *made payable to Cincinnati Therapeutic Riding and Horsemanship*
Please use this checking account for future monthly EFT donations.
- Please charge my credit card below monthly.
- I / We have registered our giving preferences at ctrhequinetherapy.org/heroes.
- I / We have recommended a monthly contribution from my/our donor advised fund.

Help Us Cover Costs: Yes! I / We will contribute 5% to cover processing fees.

Credit Card Information: Visa Mastercard American Express Discover

Card #: _____ Exp Date: _____

Name on Card: _____ VIN #: _____

Signature: _____ Date: _____

Donor Information:

Name(s), as you'd like to be recognized: _____

Contact, if Business Donation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please provide both phone and email address in case we need to contact you regarding your preferences and for monthly email receipts.

- My company, _____, has a matching gift program, and I have requested a match.
- I / We have included Cincinnati Therapeutic Riding and Horsemanship in our estate plans.
- I / We would like to learn more about legacy giving opportunities to benefit inclusive horsemanship.
- I am interested in volunteering at Cincinnati Therapeutic Riding and Horsemanship. Please contact me.

Tribute Gift: This gift is in memory of in honor of _____

Please notify: Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

HEROES OF HOPE

Thank you for sparking hope through inclusive horsemanship!

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- Credit Card Acct #: _____
- Registered online at ctrhequinetherapy.org/heroes
- Donor advised fund: _____

Contact: Sarah A. McManus, Director, Development
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RETAIN FOR YOUR RECORDS

Enrollment Date: _____



Cincinnati Therapeutic Riding
and Horsemanship