



Tribute Gift Contribution Form

for gifts in Honor of or in Memory of a loved one

Please return completed form to
Cincinnati Therapeutic Riding and Horsemanship
1342 US Hwy 50, Milford, OH 45150

One-Time Tribute Donation:

- \$ _____ \$1,000 \$750 \$500
 \$250 \$125 \$75 \$50

Monthly Tribute Donation: Join Heroes of Hope

- \$ _____ \$125 \$104 \$83
 \$67 \$50 \$36 \$25

- Gift Method:** Check enclosed *made payable to Cincinnati Therapeutic Riding and Horsemanship*
 Please charge my credit card below.
 I / We have recommended contribution from my/our donor advised fund.
For monthly donations, the same checking account or credit card will be charged.

- Help 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: _____ Phone Type: Home Cell Business

Email: _____ Email Type: Home Business

Signature: _____ Date: _____

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

Gift Information:

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

Tribute Gift:

This gift is in honor of in memory of _____

Please notify: Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____