

# GIVING TO SDTR – CONTRIBUTION FORM

SDTR relies on generous supporters to provide our much-needed therapy to the disabled in our community. On behalf of the participants, volunteers, board members and instructors, thank you for supporting us in one of the following categories.

***(If you would like your gift to be ANONYMOUS, please indicate when making a donation.)***

## **GENERAL DONATIONS**

*Your name or organizations name is proudly displayed in our annual report and newsletter.*

### **PLEASE SELECT YOUR SPONSORSHIP LEVEL:**

- |                                      |                   |                                    |               |
|--------------------------------------|-------------------|------------------------------------|---------------|
| <input type="checkbox"/> Grand Prix  | \$10,000+         | <input type="checkbox"/> Patron    | \$250 - \$499 |
| <input type="checkbox"/> Blue Ribbon | \$5,000+          | <input type="checkbox"/> Sustainer | \$150 - \$249 |
| <input type="checkbox"/> Believer    | \$2,500 - \$4,999 | <input type="checkbox"/> Buddy     | \$100 - \$149 |
| <input type="checkbox"/> Benefactor  | \$1,000 - \$2,499 | <input type="checkbox"/> Friend    | \$50 - \$99   |
| <input type="checkbox"/> Supporter   | \$500 - \$999     | <input type="checkbox"/> Admirer   | \$1 - \$49    |

## **SPONSOR A HORSE**

*Your name or organizations name is proudly displayed in our annual report and newsletter.*

### **PLEASE SELECT YOUR SPONSORSHIP LEVEL:**

- Six months (\$500)
- One year (\$1,000)

## **SPONSOR A PARTICIPANT**

*Your name or organizations name is proudly displayed in our annual report and newsletter.*

### **PLEASE SELECT YOUR SPONSORSHIP LEVEL:**

- One 8-week session (\$240)
- One 11-week session (\$330)
- One year (\$1,040) \$87 a month

## DONATION FORM

I would like provide a **GENERAL DONATION** at the \_\_\_\_\_ level, in the amount of \$ \_\_\_\_\_

I would like to **SPONSOR A HORSE**, in the amount of \$ \_\_\_\_\_

The horses name is \_\_\_\_\_

I would like to **SPONSOR A PARTICIPANT**, in the amount of \$ \_\_\_\_\_

### PAYMENT INFORMATION

I would like to billed (Annual sponsorships only, please provide the first months payment)

A check is enclosed  Charge my Credit Card

Visa  MC  AMEX Card Number \_\_\_\_\_ Exp \_\_\_\_\_

Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

Name as you would like to be recognized:

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CONTACT NAME AND TITLE

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IN HONOR OF or GIFTED TO (please specify)

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ADDRESS

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CITY

STATE

ZIP

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PHONE

FAX

EMAIL

**\* Please mail this form to SDTR PO Box 219 Nassau, DE 19969**