



General Contribution Form

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

Enclosed is a contribution of \$ _____ \$1,000 \$750 \$500 \$300 \$125 \$75

Gift Method: Check enclosed made payable to Cincinnati Therapeutic Riding and Horsemanship
 A contribution of \$ _____ from _____ donor advised fund at
_____ has been recommended.

Donor Information:

Contact Name(s): _____

Organization, if applicable: _____

Preferred Name for Donor Recognition: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone Type: Home Cell Business

Email: _____ Email Type: Home Business

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 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: _____