

# GIVING TO SDTRHR, INC. - CONTRIBUTION FORM

**SDTRHR 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 donation.)

## GENERAL DONATIONS

*Your name or organization's name is proudly displayed in our annual report & 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 organization's name is proudly displayed on horse's stall & you will receive a photo of your sponsored horse.*

### PLEASE SELECT YOUR SPONSORSHIP LEVEL:

- One month (\$630)
- One quarter (\$1,890)
- One year (\$7,560)

## SPONSOR A PARTICIPANT

*SDTRHR has 2 sessions that are 8 weeks in duration & 2 sessions that are 11 weeks in duration per year.*

### PLEASE SELECT YOUR SPONSORSHIP LEVEL:

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

### Matching Gifts Increase the Power of Your Gift ...

If your (or your spouse's) employer offers matching gifts, please request a matching gift form from your Human Resources department and include with your gift.

**TOTAL GIFT ENCLOSED:** \_\_\_\_\_

**Please mail this form and check payable to SDTRHR to:**

SDTRHR  
P.O. Box 219  
Nassau, DE 19969

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_