



P.O. Box 475  
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ctrchanginglives.org

## Building the Future at Serenity Hill Farm! Gift/Pledge Form

Name \_\_\_\_\_

Name(s) as you wish to be acknowledged \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

### Pledge

- I/We wish to pledge a total gift of \$ \_\_\_\_\_ with my/our first payment of \$ \_\_\_\_\_ enclosed.  
*(Please make checks payable to "Chesapeake Therapeutic Riding" or enter credit card information in the section below.)*
- My/Our gift balance of \$ \_\_\_\_\_ will be paid in equal installments over a period of \_\_\_\_\_ years.  
*(Please specify your pledge for a period of five years or less.)*
- I/We will be sending this support:       quarterly       semi-annually       annually
- Please send pledge reminders based on the above schedule.       Please do not send pledge reminders.

### Outright Contribution

- I/We wish to make an outright gift of \$ \_\_\_\_\_ payable to "Chesapeake Therapeutic Riding" *(check enclosed)*.
- Please charge this gift of \$ \_\_\_\_\_ to my/our credit card *(authorized signature at the end of this form)*.
- MasterCard    Visa   Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_ Zip Code \_\_\_\_\_

**Special Requests:**    Please keep my/our gift confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Required for all gifts, pledges and credit card authorizations)*

Chesapeake Therapeutic Riding, Inc. is a 501(c)(3) nonprofit corporation under Internal Revenue Service regulations. A copy of our current financial statement is available by writing Chesapeake Therapeutic Riding at P.O. Box 475 Abingdon, MD 21009 or by calling (443) 528-7793. Documents and information submitted under the Maryland Solicitations Act are also available, for the cost of postage and copies, from the Maryland Secretary of State, State House, Annapolis MD 21401, (410) 974-5534. All contributions are tax-deductible to the fullest extent of the law.