

Your gift will bring hope to more than 1,530 children and adults with disabilities.



Thank you for donating to High Hopes!

Yes, I would like to support High Hopes riders.

- _____ \$50 will cover the cost of routine prescription medications for one horse for a month
- _____ \$100 will help recruit and train a volunteer essential to the High Hopes program
- _____ \$250 will help cover the cost of a farrier's visit to a member of the herd for six months
- _____ \$500 allows you to choose a favorite and "adopt" a High Hopes horse
- _____ \$1,500 provides tuition support for one participant in a 12-week semester
- _____ \$2,500 provides two semesters of tuition support to one High Hopes rider
- _____ \$5,000 allows a group of school children to experience the benefits of equine-assisted therapy for one year



High Hopes Therapeutic Riding, Inc.
36 Town Woods Road
Old Lyme, CT 06371

Donor Name(s) _____
Please print your name(s) as you wish to appear in our Annual Report

Address _____

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Please include phone and email for any questions we may have on your donation

Please charge my credit card #: _____

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**Make checks payable to High Hopes Therapeutic Riding.
To pay online, visit our website at www.highhopestr.org**