



SHINING OPPORTUNITY PLEDGE

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

___ \$25 ___ \$50 ___ \$100 ___ \$250 ___ \$500 ___ \$1,000 \$_____ Other

DESIGNATION

Rider Scholarships

Scholarship gifts transform the lives of individuals with special needs by encouraging participation in exceptional equine programs. Your scholarship support celebrates the inclusion of individuals with physical, emotional, and social disabilities, and helps each rider to reach their fullest ability.

Horse Partner

Please consider joining the Horse Partner Club by sponsoring a special therapy horse. Your support is one of the greatest ways you can give. Each day your gift will be providing the vital care to a horse that works with children and adults with special needs.

Capital Campaign

Your unrestricted gifts are directed to areas of greatest need and promise. Your gift will have immediate and future impact by supporting the development of quality programs at our facility.

FREQUENCY

Monthly Pledge

Yearly Pledge

One-Time Pledge

Payment Method: ___ Visa ___ MC ___ Discover ___ AMEX ___ Check

Card #: _____ Exp. Date: _____ Security Code: _____

Name as it appears on card: _____ Zip Code: _____

___ *Please automatically charge my Credit Card monthly/yearly until I cancel my pledge.*

Signature: _____

If paying by check please make payable to: SoléAna Stables