



Circle of Friends DONATION FORM



“Our Friends Are InStride’s Strength”

For the past 15 years, InStride Therapy has helped increase the mobility, enhance the self image and enrich the lives of children and adults through the "magic" of hippotherapy. Hippotherapy is widely recognized as one of the most beneficial therapeutic strategies available to individuals with special needs.

Through InStride's "Circle of Friends" you can be a key part of making daily miracles, bringing smiles to the faces of our very special riders. InStride Therapy receives no government subsidy, relying instead on your generosity to keep our mission alive every single day. Established in 2007 by founding members Les and Lois Fishman, Vince and Marie DeLisi, JoAnne Newsome and Sally Yanowitz, we now invite you to join our exclusive "Circle of Friends"!

InStride Therapy, Inc.
1629 Ranch Road
P.O. Box 365
Nokomis, Florida 34274
941-412-9333 (w) 941-483-3653 (f)
www.instridetherapy.org

Mission: *“Partnering with horses, we challenge individuals with special needs to reach their fullest potential.”*

Vision: *“We envision a time when everyone who could benefit will receive our hippotherapy services.”*

InStride Therapy, Inc., a 501 c3 organization registered with the State of Florida Division of Consumer Services (CH4289), received 100% of all contributions to fulfill its mission. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE 800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.



Circle of Friends DONATION FORM



I/We will become a member of the InStride Therapy **Circle of Friends** by contributing a yearly amount of:

- | | | |
|--------------------------|--|---------------------------------|
| <input type="checkbox"/> | Categories (Please ✓ one, fill in amount and ✓ years pledged) | Pledge period |
| <input type="checkbox"/> | <i>Clydesdale Circle: \$50,000 and above per year</i> \$ _____ | () 10 yrs. () 5 yrs () 3 yrs |
| <input type="checkbox"/> | <i>Dutch Warmblood: \$25,000 - \$49,999 per year</i> \$ _____ | () 10 yrs. () 5 yrs () 3 yrs |
| <input type="checkbox"/> | <i>Trakehner Circle: \$15,000 - \$24,999 per year</i> \$ _____ | () 10 yrs. () 5 yrs () 3 yrs |
| <input type="checkbox"/> | <i>Thoroughbred Circle: \$7,500 - \$14,999 per year</i> \$ _____ | () 10 yrs. () 5 yrs () 3 yrs |
| <input type="checkbox"/> | <i>Lipizzaner Circle: \$5,000 - \$7,499 per year</i> \$ _____ | () 10 yrs. () 5 yrs () 3 yrs |

Your signature: _____ Date: _____

Special Considerations

My gift is in **honor** or **memory** (circle one) of: _____

Please notify them: _____
Street City State Zip code

My gift may be recognized: I wish to remain anonymous: (Please ✓ one)

Contact Information

Name(s): _____
Address: _____
Street City State Zip code
Phone: (H): _____ (W): _____ (Fax): _____
(Cell): _____ Email: _____

I/We will contribute in other ways:

- \$ for _____ years.
- Please contact me
- I have other thoughts to share.
- My company will match my gift.

Payment Information

Check \$ _____ Visa/MasterCard \$ _____
Name (as it appears on card): _____ Visa/MC # _____ Exp. Date: _____
Billing Address (if different): _____
Street City State Zip code