



**DONATION FORM**

**Please complete and return to:**

InStride Therapy, Inc.  
P. O. Box 365  
Nokomis, FL 34274  
Phone: 941-412-9333  
Fax: 941-483-3653

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

- Enclosed is my gift of \$ \_\_\_\_\_ made payable to InStride Therapy, Inc.

Or

- I would like to make my gift of \$ \_\_\_\_\_ by credit card.

Visa/MasterCard/Discover/AmEx (circle one) Number: \_\_\_\_\_

Name as appears on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Special Considerations**

My gift is in honor of: \_\_\_\_\_

Please notify them: \_\_\_\_\_  
Address City State zip code

My gift is in memory of: \_\_\_\_\_

InStride Tax Exempt # 65-0536159

Mission: *Partnering with our 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.*