



Lothlorien Therapeutic Riding Center, Inc.

15 Reiter Road
East Aurora, NY 14052
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www.lothlorientrc.org



NARHA Premier
Accredited Center

2008 Donor Opportunities

*We can't do it without you!
We thank you for your commitment to our organization and the disabled individuals we serve.*

- Personal Donation** **Amount \$** _____
Discover the many ways you can make a difference.
- Memorial** **Amount \$** _____ **In Memory of:** _____
Make a donation in memory of someone special.
- Honorarium** **Amount \$** _____ **In Honor of:** _____
Make a donation in honor of someone special/to commemorate a special event. **Occasion:** _____
- Gifts In-Kind** **Donated Item** _____
Donate a much needed item from our wish list.
- Event Sponsorship** **Amount \$** _____ **Event** _____
Donate specifically to one of our fundraising events.

Payment by:

- Personal Check or Money Order (Enclosed)**
- Please charge my credit card:**
 - Visa** **Master Card**

Card # _____ Expiration Date: _____/_____/_____

Your Name _____

Street _____ City _____ Zip _____

Phone () _____ - _____ Email _____

If your gift is a memorial or honorarium, please indicate below to whom acknowledgement should be sent:

Name _____

Street _____ City _____ Zip _____

Please return this completed form to Lothlorien Therapeutic Riding Center at the address above.