

# High Horses Donation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Enclosed is my donation of \$ \_\_\_\_\_

Specify donation: \_\_\_\_\_

Please make check payable to High Horses.

Give on line: [www.HighHorses.Org](http://www.HighHorses.Org)

Please charge my gift of \$ \_\_\_\_\_ to my Visa \_\_\_ MasterCard \_\_\_

Card# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Capitalizing on Strengths,  
Striving for Excellence.



**High Horses**  
Therapeutic Riding Program

P.O. Box 681  
Norwich, VT 05055  
802-356-3386

**It's more than just a ride!**