



**SPURS**  
Therapeutic Riding Center, Inc.



*YOU can make a difference.  
Generous supporters like YOU make SPURS life changing programs possible. Thank YOU!  
Merry Christmas!*

*Would you like to bless one of our riders or horses with a Christmas gift?*

*It costs approximately **\$1600** a year to care for one of SPURS horses. This includes, but isn't limited to, hay, dewormer, yearly vet checks, and farrier services. Twenty horses currently live here at SPURS.*

*I would like to donate \$\_\_\_\_\_ towards the care of (please check which horse you'd like to sponsor).*

*\_\_\_ Ace \_\_\_ Perfecto \_\_\_ Jackie \_\_\_ Zeva \_\_\_ Lilly \_\_\_ Jasper \_\_\_ Spice \_\_\_ Alaska \_\_\_ Daisy \_\_\_ Rose  
\_\_\_ Ozzie \_\_\_ Shiloh \_\_\_ Nutmeg \_\_\_ Walker \_\_\_ Belle \_\_\_ Roxie \_\_\_ Gypsy \_\_\_ Snickers \_\_\_ JJ \_\_\_ Phoebe*

*Would you rather bless one of our riders with some lessons? It costs **\$250/person** for a 10-week training session which allows ONE rider then to compete in Special Olympics. We have over 200 riders that would love someone to sponsor them.*

*Yes! I would love to sponsor \_\_\_ number of riders for a total amount of \$\_\_\_\_\_.*

*Name: \_\_\_\_\_ Phone: \_\_\_\_\_*

*Address, City, State: \_\_\_\_\_*

*Email \_\_\_\_\_*

*In support of the SPURS Therapeutic Riding Center, I/we would like to contribute annually:  
(Circle one)      \$25      \$50      \$100      \$250      \$500      \$1000      Other\_\_\_\_\_*

*Where would you like you gift directed? \_\_\_ Horse Fund \_\_\_ Rider Scholarships \_\_\_ Give where needed most  
Would you like to dedicate your gift in honor or in memory of someone?*

*\_\_\_ Yes \_\_\_ No      Name \_\_\_\_\_*

*How would you like to pay? Check Visa Mastercard      Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVN \_\_\_\_\_*

*Please make checks payable to SPURS and mail to: SPURS Therapeutic Riding Center, PO Box 431, Aberdeen, SD 57402. Gifts are tax deductible to the extent provided by law. For more information, call 605-226-1099.*

**Authorization for Direct Payment**

*I authorize SPURS Therapeutic Riding Center to initiate electronic debit entries to my:*

*\_\_\_ checking account      \_\_\_ savings account      For payment of my \$\_\_\_\_\_ donation.*

*I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. This authority will remain in effect until I have canceled in writing.*

*My preferred withdrawal date: \_\_\_\_\_ Financial Institution Name \_\_\_\_\_*

*Account number at Financial Institution: \_\_\_\_\_ Routing number: \_\_\_\_\_*

*Financial Institution city and state: \_\_\_\_\_*

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

