



**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 your gift directed? \_\_\_ Horse Fund    \_\_\_ Rider Scholarships    \_\_\_ Give where needed most

Would you like to dedicate your gift in honor or in memory of someone? Name \_\_\_\_\_

How would you like to pay?

Check    Visa    Mastercard      Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVN \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

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 from 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: \_\_\_\_\_

