Donation Form



Name			
Address			
		Zip Code	
Phone Number	E-mail_		
♦ Enclosed is	my check made out to Strides	of Strength Therapeutic Riding, Inc.	
	trength Therapeutic Services liday, or is in memory of a lov	honors a special occasion such as a birthed one.	
Made in honor of	On t	On the occasion of	
In memory of			
Please send an acknowl	ledgement card to:		
Name			
City		Zip Code	

PLEASE MARK ALL THAT APPLY

- ♦ I would like volunteer information
 - ♦ I would like rider information

Call Strides of Strength Therapeutic Services, Inc. and come visit!

Strides of Strength Therapeutic Services is a 501c3 tax exempt organization.

Your donation is tax deductible to the fullest extent allowed by law. EIN# 82-1618897

2717 Gaston Farm Rd. Chester, SC 29706 803-374-6255

 $E\text{-}mail: beth.gaston@stridesofstrength.org \ \big| \ Website: www.stridesofstrength.org$

We strive to provide a comprehensive therapeutic equine program utilizing horses to facilitate growth, learning, and healing. Our population includes children and adults with mental, physical, emotional, and functional disabilities.