



Pledge Form

GREENLOCK Therapeutic Riding Center, Inc Specializing in Hioppotherapy treatment and Offering Therapeutic Riding.

Donor Information (please print or type)

Name	
Address	
City	
State	ZIP Code
Home Phone <i>(optional)</i>	
Other Phone	
E-Mail Address	

Pledge Information

I (we) pledge a total of \$_____ to be paid: ____ now ____ monthly ____ quarterly ____ yearly.

Based on your contribution schedule, pledge reminders will be sent automatically.

Gift will be matched by _____ (company/family/foundation).

Acknowledgement Information

Donation is made in memory/honor of

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Send acknowledgement to:

Name
Address
City, State Zip
Use the following name(s) in all acknowledgements:

____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Greenlock Therapeutic Riding Center, Inc
55 Summer Street, Rehoboth, MA 02769