



EQUEST CENTER FOR THERAPEUTIC RIDING

PLEDGE CARD

Name: _____
Company Name: _____
Email: _____
Phone: _____
Address: _____
City: _____
State: _____ Zip: _____

Please accept my gift of \$ _____

☐ This is a one-time gift

☐ This is a multi-year pledge paid as follows:

2022: \$ _____ 2023: \$ _____ 2024: \$ _____

2025: \$ _____ 2026: \$ _____

☐ My first payment is included.

Please remind me ☐ quarterly ☐ semi-annually ☐ annually

☐ My company will match my gift, please contact me.

☐ I would like to remain anonymous.

☐ Please list donor name as : _____

My gift will be:

☐ Cash ☐ Check (payable to: Equest Center for Therapeutic Riding)

☐ Credit Card: ☐ Visa ☐ Mastercard ☐ Discover

Name on Card _____

Card number _____

Exp date ____ / ____ CVV _____

Signature _____

(Optional) I would like to make this gift in honor/memory of:

Mail to: Equest Center for Therapeutic Riding
3777 Rector Ave NE
Rockford, MI 49341

20/20 Vision Campaign