

THERAPEUTIC RIDING PROGRAM SPECIAL NEEDS ADULT OR CHILD SPONSHORSHIP FORM

First Name	Last Name			_
Address	City	State	Zip	_
E-Mail Address	Telephone			
beautiful individuals through th special individual that I will spo	al Needs Adult or Child for Equine e Iron Wing Ranch Equine Therapy nsor. donation of (\$) OR			
I would like to sponsor a child fo	or: 1 Month (\$) 3 Months	(\$) OR		
Monthly for Annual Therapy Pro	ogram (\$) Annually (\$)		
(Signature)	(Date)			
	e delighted that you are willing to take eatest gift of all- the gift of hope to spe	-	-	
Your donations are tax-deductible a Special Needs Adult or Child sponso	and will be receipted. Please write you orship	ır check payable to	Iron Wing Rancl	ı. Memo line:
	ch Equine Therapy sponsorship prograwe would be unable to provide the unable to the unable to provide the unable to the un	-	•	
Dlagge complete this form and a	and to us at			

Please complete this form and send to us at:

Iron Wing Ranch Therapeutic Riding Program 11727 Fletcher Lane Holts Summit, MO 65043 Phone: (573) 690-6780

Website: www.IronWingRanch.com

https://www.facebook.com/IronWingRanch