



PLEDGE INFORMATION

In support of a FOREVER HOME for Savannah Station Therapeutic Riding Program.

I (we) pledge a total of \$_____ for Savannah Station Therapeutic Riding Program

This donation will be fulfilled over 1 2 year(s) other*

quarterly semi-annually annually other*

installments of \$_____

beginning (month/year) _____

To Give, Inquire, or Tour
Call 580-278-6657
www.SavannahStation.org

Name _____

Name(s) as you wish to be acknowledged _____

Address _____

City / State / Zip _____

Home phone _____ Business phone _____

Cell phone _____ Email _____

This donation will be made in the form of check credit card stock

Please charge my credit card MasterCard Visa

Credit card number _____

Credit card security code _____ exp. date _____ / _____

Donor Recognition Please use the following name(s) in all acknowledgments.

I (we) wish to remain anonymous.

I work for a company that will match my gift _____ (company name)

Please send a reminder about pledge payments.

I wish to discuss ___ other payment plans ___ a naming opportunity ___ a tour of the facility
___ a gift of stocks, bonds or proper ___ a memorial gift ___ a legacy gift

Donor Signature(s) Your signature & date are required to comply with recommended accounting procedures.

(month/day/year) _____

Savannah Station Therapeutic Riding Program is a 501(c)(3) nonprofit corporation under Internal Revenue Service regulations. A copy of our current financial statement is available by writing Savannah Station Therapeutic Riding Program at P. O. Box 852084, Yukon, Oklahoma 73085 or by calling (580)278-6657. All contributions are tax-deductible to the fullest extent of the law. Tax ID#47-1943254.