

# EQUUS FOUNDATION

FOR THE LOVE OF HORSES

**\$5,000**

Rescue, rehab, retrain  
& re-home 5 horses  
or  
one year of weekly  
equine therapy  
for 3 students  
with special needs



**\$2,500**

Rescue, rehab, retrain  
& re-home one horse  
AND 10 weeks of  
equine therapy  
sessions to 3 students  
with special needs.



**\$1,000**

3 months of care  
will rehab,  
retrain &  
re-home  
a rescued horse!



**\$500**

10 weeks of  
equine therapy  
for 1 student!



**\$250**

Safety helmets  
& boots for  
5 students!



**\$100**

Transports 1-2  
rehabbed & retrained  
rescue horses  
to their new homes!



**\$50**

Equine  
therapy  
for 1-2  
students!



**\$25**

Feeds a rescue  
horse for a week!



*Horses thrill us as athletes, nurture confidence and teamwork in equestrians of all ages, grace our lives as companions, and perform miracles for people with special needs. But, all horses, even champions of the racetrack and the show ring, are only one unlucky sale away from abuse, neglect and slaughter.*

The EQUUS Foundation is the only national charity in the United States that is 100% dedicated to protecting America's horses and enriching people's lives through the horse-human bond.

Donor Name \_\_\_\_\_

Please print above how you wish your donation to be recognized.

Your Name \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

This donation is made in memory of:

Donations may be made in the memory of a loved one or beloved equine companion. Memorial donations will be recognized as a Horse Whisperer during the year that the donation is made.

This donation is a gift for:

If memorial or gift donation, please notify the Recipient by:

Email or  Mail (Email notification is preferred)

Recipient \_\_\_\_\_

Recipient's Email \_\_\_\_\_

Recipient's Address \_\_\_\_\_

Donation Amount \_\_\_\_\_

Payment Method:  Check payable to "EQUUS Foundation, Inc."

Visa  Mastercard  American Express

Card Number \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Expiration Date - Month \_\_\_\_ / Year \_\_\_\_ Security Code: \_\_\_\_\_

Enclosed is my employer's Matching Gift Form

Please consider having your donation matched if you participate in a Matching Fund Program.

PLEASE RETURN TO:

EQUUS Foundation, Inc.

168 Long Lots Road, Westport, CT 06880

Contact Us:

Telephone: (203) 259-1550 Email: [mail@equusfoundation.org](mailto:mail@equusfoundation.org)

Website: [www.equusfoundation.org](http://www.equusfoundation.org)

Donations are tax-deductible to the full extent of the law.