

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 of all disciplines and all breeds, sizes, ages and conditions, even champions of the racetrack and the show ring, are only one unfortunate sale away from abuse, neglect and being sold for slaughter.

DONATE WITH CONFIDENCE!

The EQUUS Foundation is the only national charity in the United States that is 100% dedicated to protecting America's horses at risk and enriching people's lives through the horse-human bond. Financial support is granted only to equine charities that are fully transparent and accountable to the public and are operating at the highest standards of horse care.

\$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!



Donor Name _____
(Please print how you wish your donation to be recognized)

Your Name _____

Company (if applicable) _____

Address _____

City, State & Zip _____

E-Mail _____

Tele: _____ Cell _____

This donation is in memory of:

Memorial donations may be made in honor of a family member, friend, associate, or in the memory of a loved one or a loved equine companion. The recipient will be recognized as a Horse Whisperer during the year that the donation is made.

This donation is a gift for: (please print clearly) Recipient's Name:

Please notify the Recipient by: Email Mail
(Email Notification is preferred.)

Recipient's Email _____

Recipient's Address: _____

Enclosed is my donation in the amount of \$ _____
made payable to "EQUUS Foundation".

Payment Method: Check
 Visa Mastercard Amex

Card# _____ Exp. Date (mm/yy) _____

Cardholder _____ 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

E-Mail: mail@equusfoundation.org

Website: www.equusfoundation.org



**I support
horse welfare!**