



## **RIDER SCHOLARSHIP DONATION FORM**

### ***With Your Help We Can Continue To Provide Scholarships To Those In Need***

The riders of InStride represent all ages and backgrounds. The majority of our participants are between the ages of 2 and 11. Most participants have varying degrees of cognitive, physical, behavioral, psychological and sensory disabilities. There is no "typical" rider, as programs are designed to benefit individuals with a wide variety of disabilities. We strive to provide support and growth opportunities for all of our special riders and their families.

Our riders come to us with referrals from physicians and therapists, social service agencies, and through individual referrals by other participants and friends. Our goal is to offer our programs to everyone who can benefit from them, regardless of financial means, and to make direct scholarships available to those who need them. **We depend on your generosity for 65+ % of our annual operating budget.**



**InStride Therapy, Inc.  
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*[www.instridetherapy.org](http://www.instridetherapy.org)***

# SCHOLARSHIP DONATION

InStride is a special place where horse, rider, therapist and volunteer work as a team and develop relationships that help our riders make physical and emotional advances during every session.

For more than 20 years InStride has been helping thousands of children and adults with various serious disabilities and developmental delays. More than 60% of our riders are Medicaid qualified as their families struggle with ever mounting medical costs. Almost 90% of InStride's rider families are in need of some financial assistance.

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## Gift Amount

*Please consider a recurring donation. Each month we'll smile when we see your name!*

- \$100      If gift is in honor/memory of someone      If a gift please notify them  
 \$225      Name \_\_\_\_\_      Street Address \_\_\_\_\_  
 \$450      Other \$ \_\_\_\_\_      Remain Anonymous (Y/N) \_\_\_\_\_  
 \$900      Recurring Amount \$ \_\_\_\_\_  
 \$1800  
 \$3600
- 

Other

## CONTACT INFORMATION & PAYMENT

Recurring      Name \_\_\_\_\_      Date \_\_\_\_\_

Billing Address \_\_\_\_\_      Phone \_\_\_\_\_  
\_\_\_\_\_

Credit Card # \_\_\_\_\_      Expire Date \_\_\_\_\_      Security Code \_\_\_\_\_

Signature \_\_\_\_\_

