



Yes, I want to support Open Arms Therapy!

Please choose one or more options below. If you need a receipt for tax purposes please check here

I would like to contribute \$ \_\_\_\_\_

I agree to pay it (circle one) Once Annually Monthly Quarterly Bi-Annually

I understand OAT will not "bill" me but reserves the right to contact me if my donation is not received in a timely manner. \_\_\_\_\_ (initial)

Give a Gift - Sponsor a Horse (\$200/month)

Horses name: \_\_\_\_\_

I understand a monthly donation of \$200 will be expected. OAT will not "bill" me but reserves the right to contact me if my donation is not received in a timely manner. \_\_\_\_\_ (initial)

Give a Gift - Sponsor a Participant (\$150/month)

Participants name: \_\_\_\_\_

I understand a monthly donation of \$150 will be expected. OAT will not "bill" me but reserves the right to contact me if my donation is not received in a timely manner. \_\_\_\_\_ (initial)

Sponsorship (circle one)

- Diamond Sponser \$ \_\_\_\_\_ \$1,000.00
- Gold Sponsor \$ \_\_\_\_\_ \$500.00
- Silver Sponsor \$ \_\_\_\_\_ \$100.00
- Bronze Sponsor \$ \_\_\_\_\_ \$50.00

I would like to donate professional services

(circle one) Equipment Farrier care Grain Hay Veterinary care

I would like to donate a horse. Please call me so we can discuss. Phone: \_\_\_\_\_

**Contributor Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

My contribution is: (optional) In Honor of \_\_\_\_\_  
In Memory of \_\_\_\_\_

Please acknowledge:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_

Please make Checks payable to "Open Arms Therapy", enclose payment and mail to:

**Open Arms Therapy  
PO Box 616  
Dalhart, TX 79022**