

SCHOLARSHIP DONATION FORM

Please check the scholarship desired:

_____ \$200 per month for 12 months
(Provides 4 Equine Therapy Sessions per month or 8 Family Visits per month)

_____ \$100 per month for 12 months
(Provides 2 Equine Therapy Sessions per month or 4 Family Visits per month)

_____ \$50 per month for 12 months
(Provides 1 Equine Therapy Sessions per month or 2 Family Visits per month)

\$ _____ per month for 12 months

\$ _____ one-time Scholarship Donation

Sponsor(s) _____

Address _____

City/State/Zip _____

Phone # _____

Email _____

Scholarship Donation Form and check can be mailed to:

Image of Hope Ranch
5499 CR 31
Auburn, IN 46706

You can also email the form to info@imageofhoperanch.org and send donation via the Donate button located on our website at the top right corner of the page.

Image of Hope Ranch is a 501(c)(3) nonprofit organization by the Internal Revenue Service. All donations are tax deductible. You will receive a donation receipt for your donation.

Thank you for your generosity.