

# **Emerald M Therapeutic Riding Center Donation/Sponsor Commitment**

**Name of Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Phone/Email:** \_\_\_\_\_

**Donation Value/Item (All donations to be submitted by October 1, 2018):**

\_\_\_\_\_

**Suggested Donation Items:**

Gift Card (Visa, Amazon, Local Business, etc)

Wine Basket

Sporting Event Tickets

Sports Memorabilia

Entertainment Package (Dinner, Theater, Concert Tickets)

Holiday Themed Package/Basket (Halloween, Thanksgiving)

Golf Items/Package

Liquor Basket

Hotel Package

Artwork

Musical Instrument/Music Lesson Package

Sessions for our Veterans and/or Children

Travel Package/Timeshare/Themepark tickets

Monetary Donation of your choice

**Signature:** \_\_\_\_\_

**Thank you for supporting Emerald M Therapeutic Riding Center!**