

COMOX VALLEY THERAPEUTIC RIDING SOCIETY

P.O. Box 3666, Courtenay, B.C. V9N 7P1
Canada



Phone: (250) 338-1968 Fax: (250) 338-4137
Email: cvtrs@telus.net

BILL D'ALTON RIDER ASSISTANCE PROGRAM

NAME:

ADDRESS:

PHONE/FAX:

EMAIL:

YES, please mail me a TAX DEDUCTIBLE RECEIPT.

YES, please call me to remind me to renew my sponsorship.

We (I) wish to donate to assist a child or adult rider
participate in the Comox Valley Therapeutic Riding Society Program.

10 weeks Fall Session \$150 plus	<input type="text" value="\$155"/>
\$5 for the Canadian Therapeutic Riding Association Membership	<input type="text"/>
10 weeks Spring Session \$150	<input type="text" value="\$150"/>
8 weeks Winter Session \$120	<input type="text" value="\$120"/>

THANK YOU

FOR YOUR SUPPORT WHICH MAKES OUR PROGRAM POSSIBLE!