

**Walk On Therapeutic Riding Programs, Inc.
2011 Fall "Feed the Horse" Campaign**

**Please accept this donation of \$ _____ which may be used for the care of the horses and the general fund.
Make Checks payable to Walk On Therapeutic Riding Programs, Inc.**

Name _____

Please send to : Walk On Therapeutic Riding Programs, Inc.

1469 County Road J

Address _____

River Falls, WI 54022

City _____ **ST** _____ **ZIP** _____

Phone _____ **email** _____

Walk On Therapeutic Riding Programs, Inc. is a 501 (3) c non-profit organization