

RIVER VALLEY RIDERS RIDE-A-THON PLEDGE FORM



RIVER VALLEY RIDERS
THERAPEUTIC RIDING PROGRAM

Participant: _____

Sponsor's Name	Address	Amount	Paid

TOTAL: \$ _____

Checks may be made payable to: **River Valley Riders**
 Donate by Visa, Mastercard, Discover, American Express: www.rivervalleyriders.org