

**LETHBRIDGE THERAPEUTIC RIDING ASSOCIATION**

24 205015 Hwy 512, Lethbridge County, Alberta T1J 5N8

Telephone: 403-328-2165 Email: [office@ltra.ca](mailto:office@ltra.ca)

**37<sup>th</sup> Annual “Joanne Perlich Ride For Dreams”  
Saturday September 26<sup>th</sup>, 2020 at PAVAN PARK, Lethbridge**

**Pledge Form**

- **All proceeds go towards the continuation of the therapeutic riding programs offered by the LTRA**
  - **Charitable registration # BN10762 3076 RR001**
  - **Income tax receipts will be issued for amounts pledged \$20 or greater**
  - **Please make cheques payable to Lethbridge Therapeutic Riding Association (LTRA)**

Participant’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Youth 17 or under                       Non-Rider Participant

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

- **Adult riders are required to collect and submit a minimum of \$125.00 in pledges.**
- **Youth riders (17 & under) are required to collect and submit a minimum of \$25.00 in pledges.**
- **All money and completed pledge forms must be handed in during registration.**
- **ADDRESSES & POSTAL CODES ABSOLUTE MUST FOR TAX RECEIPTS.**

<b>Name (Please Print)</b>	<b>Address/Postal Code</b>	<b>Phone</b>	<b>\$ Pledged</b>	<b>\$ collected</b>	<b>Tax Receipt # (office use)</b>
<b>Sub Total this side</b>			\$	\$	
<b>Sub Total 2<sup>nd</sup> side</b>			\$	\$	
<b>TOTAL PLEDGES</b>			\$	\$	

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**LTRA 37<sup>th</sup> Annual Joanne Perlich Ride For Dreams Pledge Form**  
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<b>Name (please print)</b>	<b>Address/Postal Code</b>	<b>Phone</b>	<b>\$ Pledged</b>	<b>\$ Collected</b>	<b>Tax Receipt # Office use</b>
<b>Sub Total</b>	<b>Transfer total to page 1</b>		<b>\$</b>	<b>\$</b>	