

MILES OF SMILES

THERAPEUTIC RIDING PROGRAM

We wish to gift Miles of Smiles' with \$ _____

Donor(s) Name:

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Your gift will be used where it is most needed,
unless specified otherwise by you.
Miles of Smiles Tax ID# 48-1200589

Thank You! Your gift is appreciated!

Please print this form, fill it out and include it with your check.

Mail this form to: Miles of Smiles

P.O. Box 426

901 W. Maple

Garden City, KS 67846