



PEGASUS

Pegasus Therapeutic Riding
310 Peach Lake Road
Brewster, NY 10509-1715

P: (845) 669-8235
F: (845) 669-5249
pegasustr.org

Founded in 1975, Pegasus is a PATH International Premier Accredited Center

The Pegasus Legacy Circle: *Unbridled Opportunities for the Future*

Our organization is pleased to recognize those who have made or pledged to make charitable bequests, established charitable trusts, or used some other form of estate planning to ensure that future participants and their families can benefit from "unbridled opportunities" to meet their needs through equine-assisted programs.

PLEDGE LETTER

I wish to provide Pegasus Therapeutic Riding, Inc. with an endowment gift intended to meet program needs for future generations.

It is with deep satisfaction that:

- I have made a provision
- I will make a provision during the next ___ months

with a gift to endowment established through a:

- Bequest in my will or trust
- Beneficiary designation of Life Insurance Policy
- Beneficiary designation of IRA and other retirement plan
- Remainder Interest in Charitable Remainder Trust
- Current gift of real estate, securities or other property
- Donor Advised Fund
- Charitable Gift Annuity
- Other _____

in an amount or having a fair market value of no less than \$_____ (the "Minimum Pledge Amount") at the time such gift takes effect or, in the case of a Charitable Remainder Trust or Charitable Gift Annuity, as determined at the time such Trust or Gift Annuity is funded. This pledge is irrevocable and, to the extent not otherwise satisfied by me or (in the case of joint donors by us or the survivor of us), may be enforced against my estate or (in the case of joint donors) against the estate of the survivor of us, up to the Minimum Pledge Amount.

LETTER OF INTENT

I wish to provide Pegasus Therapeutic Riding, Inc. with funds to support its endowment.

It is with deep satisfaction that:

- I have recommended
- I intend to recommend during the next ___ months

that a grant be made by the sponsoring charity of the Donor Advised Fund with respect to which I have grant advisory privileges to be added to the endowment

in the following amount \$_____. This intention to recommend a grant from the Donor Advised Fund does not constitute a binding pledge to make a gift or to recommend a grant, and is not binding on the sponsoring charity of the Donor Advised Fund.



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Privacy Statement:

To encourage other to make commitments to the future of Pegasus we occasionally list the names of the members of our Legacy Circle in printed materials and/or on our website. Please indicate below whether you consent to being listed.

_____ I permit my name to be listed in printed materials.

My name should appear as _____.

_____ I prefer to remain anonymous.

Signatures: _____

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

Written documentation of your bequest is not required for Legacy Circle membership. You may wish to provide us with a copy of the page from your will, living trust or other legal references to your gift and a simple identification of the document itself, such as the first page, to help us plan for the future and to insure that your wishes are carried out.

CONTACT:

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