

Please join us for
**Denim, Dinner
&
Dreams**

May 4, 2019

**Stable Hands Equine Therapy Center
10710 Evergreen Drive
Wausau WI, 54401**



For inquiries, contact
Diane Abitz, Executive Director
715-359-6046
stablehandstherapy.com
[f/stablehandstherapy](https://www.facebook.com/stablehandstherapy)

Stable Hands, Inc. is a Wisconsin
501(c)(3) non-profit corporation.

Denim, Dinner & Dreams
Please RSVP by April 20th, 2019.

Yes, I will attend. I would like to:

- ☐ Purchase _____ tickets at \$35/ticket
☐ Reserve a table of 6 at \$180/table

Cannot attend, but would like to:

- ☐ Support with a cash donation \$ _____

Total Enclosed: \$ _____

Please make checks payable to: **Stable Hands Equine Therapy Center**

Mail Payment to: **Stable Hands, Attn: DDD, 3501 Swan Ave, Wausau WI, 54401**

Please list names of attendees on reverse side.



Enhancing the quality of life
for special needs individuals
through the use of
equine-assisted activities and
therapies.

Please join friends of Stable Hands
for the first annual “**Denim, Dinner
& Dreams**” fundraiser for all of the
equine-assisted programs provided
to our community.

Stable Hands *dreams* of:

- Expanding Program offerings to include equine-assisted mental health.
- Completing the herd of horses to partner with staff and curriculum in Therapeutic Riding and Veterans Assisted Sports Training.
- Building stalls and paddocks onto the riding arena.

All proceeds benefit these initiatives.



Order of Events

Doors Open | 4:00 pm
Social, Farm Tours, Silent Auction/Raffles
 Dinner Served | 5:30 pm
 Presentation | 6:15 pm
 Dessert & Announcement of Winners | 6:45 pm

Catered by Urban Street Bistro

Served Buffet Style
 Carolina Hardwood Smoked Pork
With choice of three finishing sauces
 French-Style Potato Salad
 Apple Colslaw
 Mac N’ Cheese
 Southwest Cornbread
 Brownie w/ Ice Cream

Entertainment

Enjoy musical delights from
 Parker and Amelia

Tickets

\$35/each or \$180/table of Six

Please RSVP by April 20th

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Name(s) Attending: _____

Business Name (if applicable): _____

Address: _____

Email: _____ Phone: _____