



THERAPEUTIC RIDING PROGRAM  
**DONATION FORM**

*Donate today and help us make a life-changing difference in the world of our special needs riders.*

DONOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DIRECT DONATION INFORMATION:**

- Enclosed please find my check payable to EQUI-KIDS in the amount of \$\_\_\_\_\_.
- Please charge my credit card below for \$\_\_\_\_\_:
  - Visa  MasterCard

NAME ON CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_ SECURITY CODE (CCV): \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CHARITABLE GIFTS IN HONOR OF OR IN MEMORY OF:**

- GIFT IS IN HONOR OF (insert name) \_\_\_\_\_
- GIFT IS IN MEMORY OF (insert name) \_\_\_\_\_

NOTIFICATION RECIPIENT NAME: \_\_\_\_\_

NOTIFICATION RECIPIENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERSONAL NOTES:

\_\_\_\_\_  
\_\_\_\_\_

For credit card donations in honor of or in memory of an individual, please complete the credit card authorization information included in this form.

*No goods or services were provided in exchange for your donation and this charitable gift is tax-deductible to the extent allowed by law.*