

# MEMORIAL DONATION FORM

*Your donation will help our programs in countless ways by providing life-changing experiences for our disabled riders.*



Therapeutic Riding Programs

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

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## DONATION INFORMATION

- Enclosed please find my check payable to EQUI-KIDS in the amount of \$ \_\_\_\_\_
- Please charge my credit card below for
  - A one time donation of \$ \_\_\_\_\_
  - A recurring monthly donation of \$ \_\_\_\_\_

VISA

MASTERCARD

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

CREDIT CARD # \_\_\_\_\_ EXPIRATION \_\_\_\_ / \_\_\_\_ SECURITY CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

- Gift is in honor of (name) \_\_\_\_\_
- Gift is in memory of (name) \_\_\_\_\_

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

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

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

Personal Note: \_\_\_\_\_

*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 allowable by law. EQUI-KIDS is a non-profit charitable organization, EIN: 54-1693046