

Equine Advocates Donation Form

Please complete this form and send to the address below.

I would like to make a single donation of \$ _____

I would like to make a recurring monthly donation of \$ _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-Mail: _____

I have enclosed a check.

Please charge my credit card: Visa Mastercard

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____ (3-digit code on back of card)

Card Holder's Signature: _____

I would like to dedicate this donation to:

Name: _____

This is a: Gift Dedication Memorial

Please send an acknowledgement to:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Please print and sign this form and mail it to:

Equine Advocates
P.O. Box 354 Chatham, NY 12037-0354

Thank you so much!

Equine Advocates is a non-profit, 501(c)(3) charitable organization.
Your donation is tax deductible to the full extent provided by law.

Phone: (518) 245-1599 Website: www.equineadvocates.org