



EQUINE
ADVOCATES

Donation Form

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I have enclosed a check:

Please charge my credit card: Visa Mastercard Amex Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Card Holder's Signature: _____

I would like to make this donation in honor of:

Name: _____

This is a: Gift Dedication Memorial

Type of gift: (*Optional, *Minimum \$25 donation for gift card.*)

Birthday Anniversary Holiday Other: _____

Special Message for Recipient:

Please send an acknowledgement to:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Please print and sign this form and mail it to:

Equine Advocates PO 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.

518.245.1599 www.equineadvocates.org