



CENTER FOR EQUINE THERAPY
DONATION FORM

Donor's Name: _____

Email Address: _____ Phone: _____

Address: _____

City, State & Zip: _____

DONATION INFORMATION

Enclosed please find my check in the amount of \$ _____

OR, please charge my credit card in the amount of \$ _____ *Visa/MasterCard Only*

I would like to make a one time donation

I would like to make a recurring monthly donation

Name on Credit Card: _____

Credit Card #: _____ Expiration: _____

3 Digit Security Code: _____ Date: _____

Signature: _____

I would like my donation to be used for:

___ Direct Program Support

___ Horse Care

___ Capital Campaign

___ *Wherever it is Needed Most*

PLEASE SEND TO:
Southern Reins Center for Equine Therapy
916 Billy Bryant Road
Collierville TN 38017

*Southern Reins Center for Equine Therapy is a non-profit charitable organization, EIN: 47-4647784.
No goods or services were provided in exchange for your donation. Upon receipt of this form and your donation,
we will provide an acknowledgment letter for your tax purposes.*