



EQUESTRIAN AID FOUNDATION DONATION FORM

Yes! I would like to support the Ride for Hope program.

INFORMATION (as it appears for credit card billing)

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

EMAIL: _____

DONATION AMOUNT	DATE

METHOD OF PAYMENT

CHECK (payable to Equestrian Aid Foundation) check # _____

CREDIT CARD Visa Mastercard Amex Discover

Account # _____

Exp date _____

Security code _____

Signature _____

The EQUESTRIAN AID FOUNDATION (Tax ID# 65-0546516) is a non-profit charity registered in the State of Florida with 501(c)3 exempt status under the Internal Revenue Code. Please consult your tax preparer regarding the deductibility of your contribution.

PLEASE MAIL A COPY OF THIS FORM TO

EQUESTRIAN AID FOUNDATION
11924 West Forest Hill Blvd ▪ Suite 22-377 ▪ Wellington ▪ FL ▪ 33414