



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.