



# Front Range Hippotherapy

## Donation Form

10456 N. Foothills Hwy., Longmont, CO 80503 Phone (303)823-2320

Name: (printed) \_\_\_\_\_  
Company/ Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

I would like to support Front Range Hippotherapy. Please accept my/our gift of:

Donation Amount \$: \_\_\_\_\_

Please make checks payable to Front Range Hippotherapy

Please accept my credit card payment: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ Amex

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Please direct my gift to:

\_\_\_ Scholarship Fund

\_\_\_ Equine Care

\_\_\_ Capital Campaign for Indoor Arena

\_\_\_ Undesignated

\_\_\_ Check here if you do not want your gift publicly acknowledged

I'd like to make this donation \_\_\_ on behalf of \_\_\_ in memory of:

Please complete the information for the person you would like to honor or memorialize so we can let them know.

Name: (printed) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_