

Adopt-a-Horse Donation Card

Please update my contact information:

Name _____

Address _____

Home Phone _____

Email _____

Yes! I would like to help with a contribution of:

\$4,000 full year

\$2,000 half a year

My check is enclosed

Please charge my Mastercard or Visa Card

Credit Card Number _____

Expiration Date _____

I would like to contribute monthly.

Please charge my credit card \$_____ per month

for _____ months.

Please list my name in your annual report as



Northern Virginia Therapeutic
Riding Program, Inc.

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www.NVTRP.org