

## Donation Card

Please update my contact information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

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

\$1000     \$500     \$200     \$50     \$35

Other \_\_\_\_\_

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

\_\_\_\_\_



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[www.NVTRP.org](http://www.NVTRP.org)