

# NCEFT

National Center for Equine Facilitated Therapy

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## DONATION FORM

Enclosed is my gift of:

- \$25
- \$50
- \$100
- \$250
- \$500
- \$1,000
- \$2,500
- Other \_\_\_\_\_

Please direct my gift to:

- General Operations* to keep all NCEFT programs going strong
- Financial Aid Fund* to enable those less fortunate to receive therapy
- Veterans Fund* to provide programs free to all military Veterans & active duty personnel
- Horse & Barn Fund* to support our equine therapists

NAME(S)/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Enclosed is my check *payable to NCEFT* (preferred)

Please charge my VISA or MasterCard: Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security code: \_\_\_\_\_ Billing zip code: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

My gift is:  in honor of:  in memory of:

Name: \_\_\_\_\_

For my memorial gift, please notify: \_\_\_\_\_

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

- My employer will match my gift.
- I would like information about including NCEFT in my estate plans.
- I would like information about making a gift of securities.
- I am interested in volunteer opportunities at NCEFT.