



Yes! I support the hope and healing that NCEFT brings to people with special needs.

Enclosed is my gift of:

\$50 \$100 \$200 \$500 \$1,000 \$2,000 \$5,000 Other _____

Please direct my gift toward:

Operating Support Scholarships Veterans Program Sponsor a Therapy Horse

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Enclosed is my check: (payable to **NCEFT**) Please charge my credit card: or,
make your gift on our secure website at www.nceft.org

Card: # _____ Exp. Date (MM/YY): _____ Security Code: _____
 Name on Card _____ Signature _____

VISIT US ONLINE AT WWW.NCEFT.ORG

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.

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

Please Notify: _____
 Address: _____

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THANK YOU!!