

Tax-Deductible Donation Form

Sponsor a Student: Contribution of \$ _____

Sponsor a Program: Contribution of \$ _____

I wish to make a general Contribution of \$ _____

Total: _____

Name to be on display:

Name _____

address _____

Phone _____ other _____

Email: _____

Method of Payment:

check

visa

master card

cash

Credit Card # _____ exp. _____

Signature _____

Mail Tax-deductible contribution to:

Equine Assisted Therapy and Handicapped Riding of New Jersey (EATHRofNJ)

32 Swedesbridge Rd.

Mannington, NJ 08079