



Donation Form

Contributor's Name: Last : _____ First _____

Address: _____

City: _____

State/Province: _____

Country: _____

Daytime Phone: _____

Email: _____

Donation Amount: _____

Payment Type: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____

I would like this donation to go to the Adopt-a-Rider Program

I would like this donation to go to the Project Kazakhstan Therapy Supply Program.

The staff and the participants at Healing Horses wish to wholeheartedly thank you for your generosity in donating to our quest for making a difference in the life's of special needs children.

"How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday in your life you will have been all of these." ~ George Washington Carver

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