



Recurring Monthly Donations

Please sign me up for:

Amount Pledged: () \$20 /month () \$50 /month () \$100/ month () Other: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I wish this donation to be Anonymous: _____

Notes: _____

Please Circle if you want to make these Automatic.

YES, Please make these Payments Automatic

NO, Please contact me monthly

Please make check payable to Carolina Horse Park Foundation.

Credit Cards Accepted: Master Card Visa American Express Discover

Credit Card Number: _____ Expiration: _____ V-Code: _____

Name on Card: _____ Signature: _____

Address associated with card: _____

City: _____ State: _____ Zip Code: _____

Thank you for your Generous Contribution! We appreciate your support!

Mail or Fax to: Carolina Horse Park, 2814 Montrose Road, Raeford, NC 28376

Phone: (910) 875-2074 Fax: (910) 875-4310

carolinahorsepark.com

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