

NCEFT

NATIONAL CENTER FOR EQUINE
FACILITATED THERAPY

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

Enclosed is my gift of:

\$50 \$150 \$500 \$1,500 \$2,500 \$4,500 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 online 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!!