



DONOR FORM

Camp Spaulding - The Equine Program

Donor Name: _____

Tel: _____ Fax: _____ Email: _____

Street Address: _____

City/State/Zip: _____

Please accept my/our gift as follows:

- | | |
|--|--|
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$1,000 Stall |
| <input type="checkbox"/> \$500 Saddle and Tack | <input type="checkbox"/> \$500 Farrier |
| <input type="checkbox"/> \$250 Feed | <input type="checkbox"/> \$200 Riding – provide one week of riding lessons for 10 campers. |
| <input type="checkbox"/> Donation of \$ _____ | |

Please make check payable to Child and Family Services of NH or pay by VISA/MC/Disc

Visa/MC/Disc #: _____

Exp: _____ 3-digit security code #: _____

Name on card: _____

Authorized signature: _____

Additional information

- I wish to receive future email correspondence
- I prefer to make my donations anonymously
- This donation is on behalf of a company _____
- This donation is memory of _____

How did you hear about this site?

- From a friend
- Received Friend of Camp Spaulding appeal
- Former staff member
- Alumni
- Interested in receiving information about alumni get togethers?