



EQUINE DISEASE COMMUNICATION CENTER GIFT/PLEDGE FORM

Donor / Contact Name: _____

Business / Organization: _____

This donation is on behalf of a company.

Address: _____

City: _____ State/Province: _____ Zip Code: _____

E-mail: _____ Telephone: _____

I would like my donation to be anonymous.

Amount of Contribution:

\$25 \$50 \$100 \$250 Other \$ _____

Pledge Gift (*Commitment to at least 3-years of support. Send invoice in month of _____*)

One-Time Gift (*3-year commitment paid in full*)

Payment Information:

Enclosed is my check payable to: Foundation for the Horse
(Please include EDCC on the memo line)

Please charge my card:

Name on Card: _____

Card Number: _____

Exp. Date: _____ CVV #: _____ Billing zip code: _____

(3- or 4-digit number, usually on back of card)

Fax or e-mail this form to The Foundation: 859-233-1968 (fax) or jpage@aaep.org