



LIFT ME UP!

9700 Georgetown Pike
Great Falls, Virginia 22066
Phone: (703)-759-6221
E-Mail: payment@liftmeup.org
Web: www.liftmeup.org

THERAPEUTIC RIDING PROGRAM

DONATION FORM

Donate today and help us make a life-changing difference in the world of our special needs riders

DONOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL: _____

DIRECT DONATION INFORMATION

Enclosed please find my check payable to LIFT ME UP in the amount of \$ _____

Please charge my credit card below for \$ _____

Visa

MasterCard

NAME ON CREDIT CARD: _____

CREDIT CARD # _____

EXPIRATION DATE: _____ SECURITY CODE (CCV): _____

AUTHORIZED SIGNATURE: _____ DATE: _____

CHARITABLE GIFTS IN HONOR OF OR IN MEMORY OF:

GIFT IN HONOR OF (insert name) _____

GIFT IN MEMORY OF (insert name) _____

NOTIFICATION RECIPIENT NAME: _____

NOTIFICATION RECIPIENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

For credit card donations in honor of or in memory of an individual, please complete the credit card authorization information included

No goods or services were provided in exchange for your donation and this charitable gift is a tax-deductible to the extent allowed by law.