



Cowichan Therapeutic Riding Association

1843 Tzouhalem Road, Duncan BC, V9L 5L6

Phone: 250-746-1028 Fax: 250-746-1033

Email: ctra@telus.net Online: www.ctra.ca

Donation Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Donation Information

I (we) pledge a total of \$_____ to be paid:
___ now ___ monthly ___ quarterly ___ yearly.

Is this donation related to an event? Y N
Specify Event: _____

I (we) plan to make this contribution in the form of:
___ cash ___ check ___ credit card ___ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements (including all publications, donor walls, and website):

* If you would like to have a name withheld from a particular recognition resource, please specify.

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___ I (we) wish to have our gift remain anonymous.

___ I (we) wish to receive a tax receipt. (Tax receipts issued for donations of \$25 or more)

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Cowichan Therapeutic Riding Association
1843 Tzouhalem Road, Duncan BC, V9L 5L6
Registered Charity number: 89172 3843 RR0001