

Cornerstone Assisted Riding & Equitherapy



YES! I want to support the therapeutic benefits and unique experience of CARE for my neighbors in the community.

NAME

ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

Enclosed is my donation for \$ _____

Please make check payable to: CARE

Please charge my donation of \$ _____

VISA

MASTERCARD

AMEX

DISCOVER/NOVUS

CARD NUMBER

EXPIRY

SIGNATURE

My gift is in honor/memory of:

Send notice of this gift to:

NAME

ADDRESS

CITY

STATE

ZIP CODE

I would like to be contacted about CARE volunteer opportunities.

Please remove my name from your mailing list.

CARE is a 501(c)(3) non-profit corporation. All gifts are tax deductible to the fullest extent allowable by law.

For more information about CARE, please visit our Web site at carebayarea.com.