

I Want To Help!

Because Every Day is a New Beginning!

Fundraising Campaign

Please accept my tax deductible contribution as indicated below ...

A One time check of \$ _____



Please charge my Visa or MasterCard as indicated below;

\$10 \$25 \$50 \$100 \$ _____ (please specify)

One Time Only 3-Months 6-Months 1-Year

or for _____ Months (please specify)

Card No. _____ Exp Date _____ SSC _____
On Back of card

Name as on the Card _____

Billing Address _____

City/State/Zip _____

Contact Phone No. (_____) _____

Card Holder Signature _____

I agree to pay the above total amount(s) according to card issuer agreement.

Date _____

Send to:
Haven Horse Ranch
A Working Christian Horse Ranch
7333 County Road 208
St Augustine, FL 32092
(904) 813-5710