



The Dressage Foundation Contribution Form

Please print, complete all information, and mail to the address below.
THANK YOU for your support!

I would like to donate \$ _____ payable by:

Enclosed check

Credit card

Card #: _____

Expiration Date: _____

Security Code: _____

Signature: _____

Make it Monthly! I authorize The Dressage Foundation to charge my monthly contribution to my credit card (as indicated above). I understand I may cancel or change my monthly pledge at any time by notifying The Dressage Foundation in writing. A record of each payment will appear on my monthly statement and will serve as my receipt.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Return this form to:
The Dressage Foundation
1314 'O' Street, Suite 305
Lincoln, NE 68508
or to info@dressagefoundation.org

Please call The Dressage Foundation
at (402) 434-8585 with any questions.

Thank you!