



Handi-Riders Donations

Name:	Phone #:
Address:	Donation is from: <input type="checkbox"/> Individual <input type="checkbox"/> Organization/Corporation.
Amount of Donation:	If Organization/Corporation, list name:
Purpose of Donation: <input type="checkbox"/> Educational <input type="checkbox"/> Site Development <input type="checkbox"/> Operations <input type="checkbox"/> Scholarship <input type="checkbox"/> Herd Maintenance <input type="checkbox"/> Other _____	
Is permission granted to acknowledge donation on our website?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any special instruction that may apply with regard to this donation:	

Please mail donations to:

Handi-Riders of Northern California
PO BOX 1885
Chico, CA 95927