

YES, I WOULD LIKE TO SUPPORT AHA, INC. WITH MY TAX-DEDUCTIBLE DONATION!



"Treatment with the help of the horse"

Please use my donation in the following manner:

\$ _____ General AHA, Inc. Fund

\$ _____ Student Outreach Fund

\$ _____ Cunningham/Mountain Valley Educational Endowment Fund

\$ _____ **Total Donation**

Make this a recurring gift: ___ Monthly or ___ Quarterly

I/we make this donation in honor/memory of: _____

Please send an acknowledgement to: _____

Your Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

Payment Method: ___ Check payable to AHA, Inc. or ___ Credit Card

Credit Card #: _____ Exp. Date: ___ Sec. Code: ___

Signature: _____ Date: _____ **Total:** _____

I am also interested in the following:

___ Please send me information about Lifetime Membership Opportunities.

___ I plan on including AHA, Inc. in my will/estate.

Please print this page and mail it along with your donation to:

AHA, Inc.

P.O. Box 2014

Fort Collins, CO 80522-2014