



Please Mail To:  
Pony Power Therapies  
1170 Ramapo Valley Road  
Mahwah, NJ 07430

### Donation Form

I wish to donate:    \$2,500        \$1,000        \$500        \$200        \$100        \$50

Other Amount: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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This gift is being made in someone's  honor  memory.

Name: \_\_\_\_\_

I would like the following person to be notified about this gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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### Payment Information

I would like to pay via:     check (enclosed)     credit card

Credit Card Number: \_\_\_\_\_

CVC: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I would like to cover the 2.2% + \$0.30 credit card transaction fee so Pony Power receives the full amount of my donation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_