



REINING CANADA
Box 11 Site 7 RR 1
Cochrane, AB T4C 1A1
Ph: (403) 851-5199
admin@reiningcanada.com

REINING CANADA 2011 DONATION FORM	AMOUNT
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DONOR'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

email: _____

We can accept payment by cheque, Visa or Mastercard

Return by Email or FAX to 1-866-258-4754 Thank you for your Generosity!

<p>PLEASE PRINT CLEARLY</p>	<p>Amount to be charged:</p> <p>\$ <input type="text"/></p>
<p>FOR VISA OR MASTERCARD PAYMENT COMPLETE :</p> <p><input type="text"/></p>	
<p>VISA OR MASTERCARD</p>	<p>(Circle one)</p>
<p>EXPIRY DATE: ____ / ____ MM / YR</p>	