



## Donor Contribution Form

Donor's Full Name: \_\_\_\_\_

Donor's Company Name (if Applicable) \_\_\_\_\_

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

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

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

Important Telephone Numbers:

Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Annual Pledge: \_\_\_\_\_

One Time Donation: \_\_\_\_\_

Questions or need more information? Call Our Schedule Coordinator Debbie Perkins at 832-499-2542 or email her at [lessons@magicmomentsstable.com](mailto:lessons@magicmomentsstable.com)

Mailing address for HHH: Hope Healing and Hooves, P.O. Box 1811, Waller, TX 77484

Hosting Barn Address: Magic Moments Stable, 1726 Upland Drive, Houston, TX 77043

Tax ID # 81-0827676

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