

# **NATIONAL HORSE SHOW CREDIT CARD AUTHORIZATION FORM**

## **YOUR DONATION IS TAX DEDUCTIBLE**

To donate, please fill out the form below and return with all fields completed.

DONATION AMOUNT: \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please circle one:          Mastercard          Visa          Amex

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*I authorize the National Horse Show to debit my account for donation amount indicated.

Please return to

## **NATIONAL HORSE SHOW**

2245 Stone Garden Lane, Lexington KY 40513

T) 859-608-3709

cindy@nhs.org

F) 866-285-9496