



Touchstone Farm Donation Form

Please complete this form and return to Touchstone Farm

Name: _____ (optional Business Name) _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

The information above is **REQUIRED** to process your donation but would you like to be listed as anonymous? _____ Yes

*PLEASE NOTE: A 4% credit card processing fee is automatically charged to Touchstone Farm with all credit card donation payments. Are you interested in adding the 4% charge to your donation amount to help support the farm in a greater amount? YES _____ NO _____

SIGNATURE: _____

DONATION For: Please check	AMOUNT:
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___ General Support ___ Scholarships ___ Horse Care ___ Summer Camps ___ Adult Programs ___ Child Programs ___ Veterans Programs ___ In Honor of ___ In Memory of	
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Note about this gift or name of person to acknowledge:	Please Choose: One-time donation _____ *Reoccurring donation _____
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Payment Type: (select one) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Name on Credit Card: _____ (make checks payable to Touchstone Farm) Credit Card Number: _____ Security Code: _____ Exp. Date: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: black; color: white;">subtotal</td><td style="border: none;"></td></tr> <tr><td style="background-color: black; color: white;">*4% fee</td><td style="border: none;"></td></tr> <tr><td style="background-color: black; color: white;">TOTAL</td><td style="border: none;"></td></tr> </table>	subtotal		*4% fee		TOTAL	
subtotal							
*4% fee							
TOTAL							

*You can share our commitment to foster a community of belonging for people of all ages, abilities and backgrounds who enter the farm gates. Our mission is to provide transformative opportunities which positively change lives. When you participate as a reoccurring donor, **your donation can be transferred conveniently from your checking account or credit card** directly to Touchstone Farm either monthly or annually. Your donation will go even further because our income will be more predictable so that your donation can start working immediately to help the people who are served by our mission.*

*I plan to make a _____ Monthly gift in the amount of: \$ _____ _____ Annual gift in the amount of: \$ _____

Enclosed is a voided check OR credit card information for my donation. Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.touchstone-farm.org or by contacting Touchstone Farm's Finance Administrator at office@touchstone-farm.org or call 603.654.6308

Also, please remember that your credit card information must be current, including if your credit card expires. Otherwise your donation cannot be processed. Thank You!

Signature (required): _____ Date _____

