



DONATION FORM

Please complete and mail to:

InStride Therapy

P. O. Box 365

Nokomis, FL 34274

Phone: 941-412-9333

Fax: 941-483-3653

Name _____
Mailing Address _____
Email _____ Phone _____

/ / Enclosed is my gift of \$ _____ to InStride Therapy.

/ / I would like to make my gift of \$ _____ by credit card.

Visa/MasterCard Number: _____

Name on Card: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Tax Exempt # 65-0536159