



Name: _____
Business name (if any): _____
Mailing address: _____ _____
City, State, Zip: _____
Country: _____
e-Mail address: _____
Profession (please circle) : Horse Owner Veterinarian Ferrier Trainer Other (please state) _____

Please mail your donation to:

The Hoof Project Foundation
P.O. Box 10381
College Station, TX 77842

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