

Horses in California, Inc.



SPONSORSHIP FORM

CONTACT INFORMATION

Date _____

Business Name _____

Street Address _____

City _____ State _____ Zip _____

Contact Name (First, Last) _____

Contact Phone _____ Fax _____

Email _____ Website _____

BILLING INFORMATION

Department or Individual to be billed _____

Billing address (if different) _____

City _____ State _____ Zip _____

Please check method of payment (kindly make checks payable to Horses in California, Inc.)

Cash Contribution Enclosed \$ _____ Goods & Services Retail Value \$ _____

Check Enclosed \$ _____ Please charge my credit card \$ _____

Visa Mastercard Credit Card # _____ Exp. _____

Name on Card _____

CONTRIBUTION INFORMATION

If you are donating actual goods or services, please provide a description of the item/service donated below:

Please check one:

Item submitted with this form Item to be Picked up Delivered Date _____

Authorized signature of Sponsor _____ Print Name _____ Date _____