



Return completed form to PPTRC at:
13620 Halleluiah Trail, Elbert, CO 80106
719-494-1689 (fax)
anthony@pptrc.org

Horse Sponsorship Agreement

CONTACT INFORMATION:

Sponsor Name: _____
(please print sponsor name exactly as it should appear in writing)

Physical Address: _____

Mailing Address (if different): _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____ Website (if applicable): _____

SPONSORSHIP OPTIONS: (check one)

- I would like to sponsor any therapy horse currently available for \$3,000.
- I would like to choose the therapy horses I sponsor for \$3,000. Contact me with a list of options.

OPTIONAL:

- I would like to donate an additional \$ _____ toward the care of my sponsored horse.

TOTAL DONATION AMOUNT: \$ _____

PAYMENT INFORMATION:

Would you like to be invoiced at the address above? (circle one)

YES **NO** (If no, please provide credit card information below or enclose check with this form.)

Method (circle one): VISA MASTERCARD AMEX DISCOVER CHECK # _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

I commit to contribute the indicated amount to Pikes Peak Therapeutic Riding Center (PPTRC) as means of becoming a PPTRC Horse Sponsor. I will receive full recognition as a PPTRC horse sponsor.

Signature: _____ Date: ____/____/____