



Return completed form to PPTRC at:  
13620 Halleluiaah 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 \$2,000.
- I would like to choose the therapy horses I sponsor for \$2,000. 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 2016 horse sponsor. In exchange I will receive full recognition as a PPTRC horse sponsor.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_