



Finding HOPE Therapeutic Riding Center, Inc.
Box 242, Rochester, IL 62563
Horse Sponsorship Form

Sponsor Information

Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Business Name: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
____ In honor of: _____
____ In memory of: _____
____ As a gift to: Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Horse:

____ Dillon ____ Luna ____ Remi ____ Phoenix ____ Scout ____ Dually ____ Wildfire

Horse Sponsor:

____ One Time Donation ____ Please sign me up for a Monthly Sponsorship ____ \$10 ____ \$25 ____ \$50 ____ \$100

I would like to sponsor the cost of a horse for:

____ 1 Year \$4,500
____ 6 Months \$2,250
____ 1 Month \$375

What your sponsorship provides:

All horse sponsorships will be placed in a general Horse Care Fund to help provide the costs of Veterinary Care, Quality Food and a Balanced Diet, Shelter & Bedding, Equine Care, routine Farrier visits for HOPE's Medicine Horses.

Payment Information

____ Paid in full ____ Monthly Payments **Make checks payable to: HOPE TRC**
____ Cash ____ Check # _____ Credit : VISA MC AMEX CVC: _____
Credit Card # _____ EXP Date: _____
Billing Address: _____ City/State/Zip _____
Start Date: _____

Agreement

I _____, agree to the above sponsorship level. I understand that my sponsorship is voluntary and can be canceled any time with a written request. **Credit Card Authorization:** I understand that monthly payments will begin on the start date and my card will be billed on the 1st of the month each month thereafter until my sponsorship is complete; one time payment options will be billed in full on the start date.

PRINT NAME

SIGNATURE

DATE