HOPE SPONSOR FORM
2590 N. Walnut Rd, Box 242, Rochester, IL 62563
www.findinghoperiding.org

Sponsor Information
Name: _____
Home Address: _____City: _____State: _____Zip_____
Business Name: _____
Business Address: _____City: _____State: _____Zip_____
Phone: _____ Email: _____

In honor or memory of: _____
Name to appear for recognition: _____
__ I would like to remain anonymous

Sponsor Level
_ Visionary $10,000……. could provide scholarships for up to 20 participants or care for 2 therapy horses for the year
__ Legacy $5,000……could provide scholarships for up to 10 participants or care for 1 therapy horse for the year
__ Red Road $2,500…… could provide scholarships for up to 5 participants or care 1 therapy horse for 6 months
__ Champion $1,000..... could provide scholarships for up to 2 participants or care for 3 therapy horses for 1 month
__ Gallop $500…… could provide scholarships for 1 participant or a load of hay for therapy horses
__ Trot $250……. could provide partial a scholarship for 1 participant or monthly grain supply for therapy horses
__ Walk Other Amount: _____

Gift or Silent Auction Donation
Donation includes: _____
_____
Donation value: _____

Sponsor Agreement
I _____, agree to the above sponsorship level. I understand I am responsible for emailing HOPE a high res image of the business logo for publication and marketing use.

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: _____

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 date received or start date specified.

_____ _____ _____
PRINT NAME SIGNATURE DATE