



California State Horsemen's Association  
Incorporated  
PO BOX 1228, Clovis, Ca 93613-1228  
PHONE: (559) 325-1055

**STATE CHAMPIONSHIP EVENT  
DONATION, SPONSORSHIP, CONTRIBUTION**

Thank you, for your generous contribution to our program. It is because of supporters like yourself that our organization is able to continue to offer positive opportunities to our equestrian community.

In thanks for your support of our State Championship Event, your name will be listed as a sponsor, contributor and/or donator in the program.

Thank you again for your support.  
Your Sponsorship is greatly appreciated.

**Bronze Sponsor: \$150 (Award sponsor)**

Includes: Announcement at SCE as sponsor, business card in program, commemorative glass mug and event bag.

Monetary donation check **payable to CSHA** to:  
Sue Edwards 367 Robin Circle, Vacaville, CA 95687 Note: SCE award Sponsor

Remember that your contribution, sponsorship and/or donation are tax deductible. **Our Tax ID # is 94-1091755 DLN: #602136125.**

Sincerely,  
*Tami Sandberg*, CSHA State Trail Trials Chairman

**CALIFORNIA STATE HORSEMEN'S ASSOCIATION, INCORPORATED  
TRAIL TRIALS PROGRAM  
RECORD OF DONATION / SPONSORSHIP**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Type of Contribution: \_\_\_\_\_ Sponsorship      Amount \$ \_\_\_\_\_

\_\_\_\_\_ Donation      Amount \$ \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received by: \_\_\_\_\_

Region

Date

The Purpose of this document is to record the donation / sponsorship received.



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