



Colorado Therapeutic Riding Center, Inc.
11968 Mineral Road, Longmont, CO 80504
(303) 652-9131 FAX (303)652-2072 www.ctrcinc.org

HORSE SPONSOR FORM

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of horse you would like to sponsor: _____

(If you are having a hard time choosing we can pick a horse for you.)

☐ HORSE POWER SPONSOR - \$2500.00

- Certificate of Sponsorship to be displayed at CTRC
- Stall and Cubby Plaque
- Updates from sponsored horse quarterly
- Photo of sponsored horse + story
- Sponsor listing on website
- Meet and Greet

☐ HUNGRY AS A HORSE SPONSOR - \$1000.00

- Photo of sponsored horse + story
- Sponsor listing on website
- Meet and Greet

☐ APPLE A DAY SPONSOR - \$500

- Photo of sponsored horse + story
- Sponsor listing on website

☐ HOT TO TROT SPONSOR - \$250

- Photo of sponsored horse + story

*In the event a sponsor's horse is adopted or passes away, the sponsor will be notified and able to choose another horse to sponsor. Sponsor donations are not refundable.

Thank you for becoming a Horse Hero!

Sponsor Signature: _____ Date: _____

Type of Payment: (Check one)

☐ Onetime payment of: \$ _____ | ☐ Monthly pledge of: \$ _____

Method of Payment: (Check one)

☐ Check # _____ (Make payable to CTRC)

☐ Credit card: Visa | MasterCard

Card#: _____ Exp. Date: _____

Code: _____ (3 digits) Card Holder: _____

Billing address: _____

☐ Online. Visit <http://www.ctrcinc.org/> and click on the "Donate Now" button.

SPONSOR GIFT:

If this sponsorship is for a gift in another's name, please select the gift type and list the name of that person and their address so that we may acknowledge this very kind gift.

Gift Type: (Check one)

- ☐ Honor gift In honor of: _____
- ☐ Memorial gift In memorial of: _____
- ☐ Other gift In celebration of: _____

Acknowledgement Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

SPONSOR GROUP:

If this sponsorship is being done as a family/group please list the names and address of the additional members.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Mail your completed form to: **CTRC**
c/o Michele Bruhn
11968 Mineral Road
Longmont, CO 80504