

Class Sponsor

\$1,500 \$1,000 \$750 \$500 \$400 \$350 \$300 \$250

CLASS OR DIVISION PREFERENCE: _____

In order for your name to be listed in GCHS Horse Show Program, a signed copy of this form must be in the GCHS office or with a GCHS official no later than 4 weeks prior to the start of the show.

NAME IN PROGRAM _____

BUSINESS NAME _____

DONOR NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

CONTACT _____ PHONE _____

AUTHORIZED SIGNATURE _____

AMOUNT RECEIVED \$ _____

DATE RECEIVED ____/____/____



Soliciting Member

Please make checks payable to Germantown Charity Horse Show, Inc.
Thank you for your support!

GERMANTOWN CHARITY HORSE SHOW, INC.
P. O. BOX 38102, GERMANTOWN, TN, 38138

