



Sponsorship Form

SPONSOR NAME:	
COMPANY NAME (IF APPLICABLE):	
STREET ADDRESS:	
CITY/STATE/ZIP:	
PH. NUMBER:	EMAIL:

IS THIS SPONSORSHIP IN MEMORY OF/IN HONOR OF A PERSON OR PET? <input type="checkbox"/> YES <input type="checkbox"/> NO
PAYMENT METHOD: <input type="checkbox"/> CHECK - <i>PLEASE MAIL TO THE ADDRESS BELOW</i> <input type="checkbox"/> ONLINE - <i>PLEASE VISIT WWW.EQUUSRESCUE.ORG/DONATE</i>
COMMENTS:

Equus Rescue and Therapy
PO Box 1032, Columbia, IL, 62236
618-631-3733
EquusRescue1@yahoo.com
www.EquusRescue.org
"A noble life deserves a second chance."

Thank you for your making a contribution to our organization.