

CHAGRIN VALLEY PHA HORSE SHOW 2017 PLEDGE OF SUPPORT

PLEASE PRINT CLEARLY

Contact Name: _____ Date: _____

Organization, Company or Personal Name: _____
(as you want it to appear on website listing)

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

CUSTOM SPONSORSHIP PACKAGES: You will be contacted regarding the benefits of your sponsorship at these levels which can include, among other things, special seating, advertising benefits, product demonstrations, awards presentations, tickets, event venue opportunities and more!

Check one: \$50,000 \$30,000 \$20,000 \$16,000
 \$12,000 \$10,000 \$9,500 \$7,000
 \$5,000 \$2,500 \$1,500 \$500

MEMORIAL DONATION

I am interested in designating an individual contribution to the 501(c)(3) Chagrin Valley PHA Horse Show, Inc., as a memorial contribution designated to:

_____ (please indicate name exactly how you wish it to appear in the program). I pledge \$ _____

I would like my donation to be recognized in the prize list (**COMMITMENT BY FEB 28**): Yes No

INDIVIDUAL DONATION

I am interested in making an individual contribution to the 501(c)(3) Chagrin Valley PHA Horse Show, Inc. I pledge \$ _____

I would like my donation to be recognized in the prize list (**COMMITMENT BY FEB 28**): Yes No

Payment Information:

Check One: Bill me in 2017 Payment Enclosed *(make checks payable to CVPHA Horse Shows, Inc.)*

Mastercard Visa Discover AMEX Card # _____

Expiration Date: _____ Name on Card: _____ Signature: _____



For more information contact:

Laura Hammel
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drhammel@gmail.com

Please return check to:

CVPHA
c/o Lori Proch, Co-Chair
9129 Old Meadow Rd.
Chagrin Falls, OH 44023