



Kenowa Saddle-ites Sponsorship Receipt

Sponsor Name (as you would like it acknowledged):

Contact Person:

Address:

Phone:

E-mail:

Amount of donation:

Date:

.....Return Lower Portion with Donation.....

Sponsor Name (as you would like it acknowledged):

Contact Person:

Address:

Phone:

E-mail:

Amount of Donation:

Date:

Member Referral(optional)

If this Sponsorship is obtained through a Kenowa Saddle-ites member, that member is eligible to receive rewards for every \$25 for the sponsorship:

\$25- Coupon for 1 free class

\$100- Free individual membership or 4 free classes

\$150- Free Family membership or 6 free classes

\$500- Show all 4 Kenowa shows for free

(see Show for Free details on kenowasaddleites.web.com)

Return bottom of form with donation to:

Pat De Young

525 Ransom

Grandville MI 49418

Member that is referring this sponsor:

Reward Choice:
