

USHJA ZONE DONATION AGREEMENT
UNITED STATES HUNTER JUMPER ASSOCIATION



Please indicate exactly how you wish your published name to appear.

Donor Name: _____ Check here to remain anonymous: _____

Email: _____ Phone: _____

Donor Address: _____

City: _____ ST: _____ Zip: _____

If contact person is different than the donor, please provide name, address, phone and email below.

Contact Name: _____

Email: _____ Phone: _____

Contact Address: _____

City: _____ ST: _____ Zip: _____

- I agree to provide (check one):
- The product(s) described below
 - A cash donation of \$ _____
 - I would like to make my donation with a credit card.
 - Check here if you wish for your donation to remain anonymous

Zone: _____ Name and date of event for donation: _____

Please provide a description of donations:

1) _____ Value \$ _____

2) _____ Value \$ _____

3) _____ Value \$ _____

Credit Card Number _____

*** We recommend submitting payment forms containing credit card information via fax or mail. Please do not email credit card information as email is not a secure method for transmitting sensitive data.*

Exp Date _____ 3 or 4 Digit Code _____ Billing Zip Code _____

Donor Signature _____

Date of Donation _____

The USHJA is a 501(c)(3) non-profit organization and contributions are tax deductible to the extent allowed by law. This form will assist us to properly record and acknowledge your generous gift.

USHJA, 3870 Cigar Lane, Lexington, KY 40511 Phone: (859) 225-6700 Fax: (859) 258-9033 www.ushja.org

Please send donation agreement form via fax or mail only.

Thank you for your generous support! Tax acknowledgement letters will be mailed upon receipt of your prize awards. 1