



Sponsor A Rider

90 RIDERS IN 90 DAYS



March 1 - May 30

Contact Information

FIRST LAST

ADDRESS

CITY STATE ZIP CODE

PHONE EMAIL

Please recognize my donation as:

- Name as listed above
- Anonymous
- Business name: _____

Amount

Please select how many riders you would like to sponsor or specify another amount.

- 1 Rider - \$650
- 2 Riders - \$1,300
- 3 Riders - \$1,950
- 4 Riders - \$2,600
- 5 Riders - \$3,250
- 6 Riders - \$3,900
- 7 Riders - \$4,550
- 8 Riders - \$5,200
- 9 Riders - \$5,850
- Other Amount: _____

I would like my donation to go to:

- Where needed
- Equestrians With Disabilities
- Heroes On Horses®
- Other: _____

Payment

Please make all checks payable to NSBA Foundation.

CARD NUMBER

SVC NUMBER EXP. DATE BILLING ZIP

NAME ON CARD