High Horses Annual Benefit Ride-A-Thon
Sponsor Buddy

Fundraiser's Name: _____

Address: _____

_____

Town/State/Zip: _____

Phone: _____

Email: _____

SPONSOR'S NAME	SPONSOR'S ADDRESS/TOWN/STATE/ZIP	PLEDGE AMOUNT
www.HighHorses.org **PO Box 681 Norwich, VT 05055**	**TOTAL PLEDGE AMOUNT:**	

Please make as many copies of this form as needed.
Turn in your form(s) and money in an envelope to High Horses **no later than Saturday, October 1.**
Checks should be made payable to: High Horses. All donations are tax deductible.

High Horses Annual Benefit Ride-A-Thon

Sponsor Lucky

Fundraiser's Name: _____

Address: _____

_____

Town/State/Zip: _____

Phone: _____

Email: _____

SPONSOR'S NAME	SPONSOR'S ADDRESS/TOWN/STATE/ZIP	PLEDGE AMOUNT
www.HighHorses.org **PO Box 681 Norwich, VT 05055**	**TOTAL PLEDGE AMOUNT:**	

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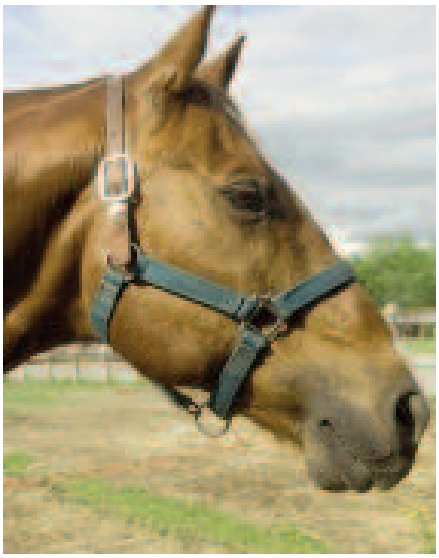

High Horses Annual Benefit Ride-A-Thon

Sponsor Dudley

Fundraiser's Name: _____

Address: _____

_____

Town/State/Zip: _____

Phone: _____

Email: _____

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High Horses Annual Benefit Ride-A-Thon
Sponsor Mango

Fundraiser's Name: _____

Address: _____

_____

Town/State/Zip: _____

Phone: _____

Email: _____

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High Horses Annual Benefit Ride-A-Thon

Sponsor Mitch

Fundraiser's Name: _____

Address: _____

_____

Town/State/Zip: _____

Phone: _____

Email: _____

SPONSOR'S NAME	SPONSOR'S ADDRESS/TOWN/STATE/ZIP	PLEDGE AMOUNT
www.HighHorses.org **PO Box 681 Norwich, VT 05055**	**TOTAL PLEDGE AMOUNT:**	

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