



# UPHA Ribbons Of Service<sup>SM</sup> Sponsorship Commitment Form

Saddleseat Equitation Rider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Equine Breed (choose one):  ASB  Arabian or Half-Arabian  Morgan  NSH

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Selected Charity:  St. Jude Children's Research Hospital

Other: \_\_\_\_\_

Fundraising Goal for 2011 Season: \$ \_\_\_\_\_

*I, the undersigned, agree to pay the below-listed amount\* per class completed, upon demand by the above-named Saddleseat Equitation Rider, who has agreed to participate in the UPHA Ribbons Of Service<sup>SM</sup> Program and to abide by the UPHA Ribbons Of Service<sup>SM</sup> Rules For 2011 Season. I agree to make my check payable to UPHA Foundation, Inc. (a 501(c)(3) organization), understand that my contribution may be tax-deductible to the fullest extent of the law, and agree to provide my contribution to the Saddleseat Equitation Rider so that she/he may forward it to UPHA Foundation, Inc., by October 31, 2011. I understand my contribution will be redirected by UPHA Foundation, Inc., to the charity named above, and that the above Saddleseat Equitation rider may be eligible to win awards, prizes, and scholarships based on his/her participation in the UPHA Ribbons Of Service<sup>SM</sup> Program. (\*Minimum is \$10 per class.)*

**Donor's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Amount Pledged Per Class Completed: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Donor's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Amount Pledged Per Class Completed: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Donor's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Amount Pledged Per Class Completed: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Use additional form(s) for additional donors. Program rules, forms and information are available at <http://www.upthaonline.com/service.php>*

