



Miles for SMILES Sponsorship Form

I/We are pleased to support "Miles for SMILES" on October 21, 2017 as follows:

_____ "Gallop" Presenting Sponsor \$1000

_____ "Canter" Sponsor \$750

_____ "Trot" Sponsor \$500

_____ "Prance" Sponsor \$100

_____ I am unable to sponsor this event, but please accept the following monetary donation of \$_____ enclosed.

_____ Please accept my in-kind donation of goods to be used towards the event.

Thank you for your donation to benefit SMILES!

All contributions are fully tax deductible under Section 501(c)(3) and go directly to the SMILES Riding program.

Thank you for your support.

Payment Type: ___Cash ___Check ___Credit Card

MC or VISA Number: _____ Expiration date _____ CVV code _____

Signature: _____

Sponsor Name (as it should read on promo materials): _____

Contact Name: _____ Phone: _____

Email Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Please mail this form and make checks payable to: "SMILES"

Mail to: SMILES
N2666 County Road K
Darien, WI 53114

If you have any questions, feel free to call or email us!

events@smilestherapeuticriding.org

Phone: 262-882-3470

For more details, visit www.smilestherapeuticriding.org

