

# *Sponsor-A-Horse Form*

## *Yes, I'd like to Sponsor a SMILES horse.*

Name \_\_\_\_\_  
(Individual, Company or Group)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_

**Type of Sponsorship desired (check one):**

*(Yearly=\$1,500            or            1 Month=\$125)*

\*Yearly support \_\_\_\_\_  
\_\_\_\_\_ \$1500 paid in full    \_\_\_\_\_ \$750 for six months    \_\_\_\_\_ \$125 paid monthly

\*One Month \_\_\_\_\_

*Name of the Horse you wish to sponsor:* \_\_\_\_\_

Inscription for certificate on stall door \_\_\_\_\_

\_\_\_\_\_ I would like to have my/my group's picture taken with my horse.

Please print, fill out and mail to:

SMILES, N2666 County Rd. K, Darien, WI 53114  
If you have any further questions please call (262) 882-3470

**For your donation you will receive:**

- Certificate of Sponsorship with a picture of (you and) your horse.
- Your name &/or picture with your horse on your horses stall
- Recognition in SMILES quarterly Newsletter & website.
- Monthly letters from your horse with SMILES information.
- Facility poster listing your name next to the horse you are sponsoring.
- A receipt for a tax deductible donation.