

# THE CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST DONATION FORM

IN MEMORY/HONOR OF \_\_\_\_\_, I HEREBY DONATE  
\$ \_\_\_\_\_ TO THE CALIFORNIA STATE HORSEME'S ASSOCIATION CHARITABLE TRUST FOR THE  
FOLLOWING FUND AND/OR SCHOLARSHIP.

|   |          |
|---|----------|
| U.C. DAVIS VETERIARY SCHOLARSHIP FUND     | \$ _____ |
| EQUINE MEDICAL RESEARCH FUND              | \$ _____ |
| JUNIOR HORSEMASTERSHIP SCHOLARSHIP FUND   | \$ _____ |
| SENIOR HORSEMASTERSHIP SCHOLARSHIP FUND   | \$ _____ |
| ROYALTY SCHOLARSHIP FUND                  | \$ _____ |
| JUNIOR STOCK COMPETITION SCHOLARSHIP FUND | \$ _____ |
| ENGLISH SCHOLARSHIP FUND                  | \$ _____ |
| WESTERN SCHOLARSHIP FUND                  | \$ _____ |
| GYMKHANA SCHOLARSHIP FUND                 | \$ _____ |

**MAKE CHECKS PAYABLE TO:**

CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST

**MAIL TO:**

CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST  
1330 W. ROBINHOOD DR #D STOCKTON, CA 95207

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # (IN CASE OF QUESTIONS) \_\_\_\_\_

CITY

STATE

ZIP

**ENCLOSE THIS FORM WITH YOUR CHECK**

An acknowledgement will be sent if you provide the following information:

Name of person to receive acknowledgement: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

CITY

STATE

ZIP