

# THE CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST

## DONATION FORM

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

U.C. DAVIS VETERINARY 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 \$ \_\_\_\_\_  
TRAIL TRIAL SCHOLARSHIP FUND \$ \_\_\_\_\_  
APPLY TO BEST USE (determined by Trust) \$ \_\_\_\_\_

**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**

With a donation of \$25.00 or more an acknowledgement will be sent if you provide the following information:

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

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

CITY

STATE

ZIP

CSHA Charitable Trust, 1330 W. Robinhood Dr. #D, Stockton, CA 95207