

**CALIFORNIA STATE HORSEMEN'S ASSOCIATION
CHARITABLE TRUST**

EQUINE MEMORIAL PLAQUE

BENEFITING THE EQUINE MEDICAL RESEARCH FUND

(ONE FORM PER HORSE)
(PLEASE PRINT ALL INFORMATION)

Enclosed please find my check in the amount of \$30.00 as a donation to the CSHA Equine Medical Research Fund in memory of:

HORSE'S NAME _____
(name as you wish it to appear on plaque)

YEAR BORN _____ YEAR DECEASED _____

YOUR NAME _____
(name as you wish it to appear on plaque)

PHONE (_____) _____

ADDRESS _____

EMAIL ADDRESS _____

Yes, my Memorial Announcement may be placed in the CSHA Newsletter (please check)

NOTE: Your contact information will be used only if a question arises regarding your donation/plate & to send you an acknowledgement of your donation.

MAKE CHECKS PAYABLE TO: **CSHA CHARITABLE TRUST** (Designate Equine Medical Research on check)

MAIL FORM & CHECK TO: **CSHA CHARITABLE TRUST**

**1330 W. ROBINHOOD DR. #D
STOCKTON, CA 95207**