



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

(PLEASE PRINT ALL INFORMATION)

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

(PLEASE INDICATE DOLLAR AMOUNT FOR THE APPROPRIATE FUND)

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	\$ _____
SOC ENGLISH SCHOLARSHIP FUND	\$ _____
SOC WESTERN SCHOLARSHIP FUND	\$ _____
SOC GYMKHANA SCHOLARSHIP FUND	\$ _____

MAKE CHECKS PAYABLE TO:

CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST

MAIL PAYMENTS TO:

CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST

1330 W. ROBIN HOOD DR. #D, STOCKTON, CA 95207

YOUR NAME: _____

YOUR ADDRESS _____

STREET/CITY/ZIP/STATE

YOUR PHONE NUMBER IN CASE OF QUESTIONS _____

INCLUDE AREA CODE

ENCLOSE THIS FORM WITH YOUR CHECK

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

Name of person to receive acknowledgment: _____

Mailing address: _____

STREET ADDRESS/P O BOX, CITY, STATE, ZIP CODE

CSHA CHARITABLE TRUST EIN 23-7051579 STATE CHARITY REGISTRATION CT011924 501c3