



**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 TO:**

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

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

YOUR ADDRESS: \_\_\_\_\_  
*STREET/CITY/STATE/ZIP*

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*

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