



CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST  
EQUINE MEMORIAL PLAQUE  
BENEFITING 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 \_\_\_\_\_

BORN \_\_\_\_\_  
(M/D/Y OR JUST YEAR)

DECEASED \_\_\_\_\_  
(M/D/Y OR JUST YEAR)

NOTE: Your contact information will not be shared with anyone. It will be used only if a question arises about your donation/ plate & to send you an acknowledgment of your donation.

YOUR NAME \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

MAIL W/FORM TO: CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST, 1330 W. ROBINHOOD DR #D,  
STOCKTON, CA 95207

EIN 23-7051579 STATE CHARITY REGISTRATION CT011924 501c3

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