



**CALIFORNIA STATE HORSEMEN'S ASSOCIATION CHARITABLE TRUST
EQUINE MEMORIAL PLAQUE
BENEFITING EQUINE MEDICAL RESEARCH FUND
(ONE FORM PER HORSE)**

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 _____ DECEASED _____
(M/D/Y OR JUST YEAR) (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 or to send you a photo of the engraved plate.

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, P O BOX 1228, CLOVIS, CA 93613