



**California State Horsemen's Association**

Incorporated

**SCE Chairman Coral Kane**

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**SCE Ride Manager**

Tami Sandberg  
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**STATE CHAMPIONSHIP EVENT  
DONATION, SPONSORSHIP,  
CONTRIBUTION**

Thank you, for your generous contribution to our program. It is because of supporters like yourself that our organization is able to continue to offer positive opportunities to our equestrian community.

In thanks for your support of our State Championship Event, in the program your name will be listed as a sponsor, contributor and/or donator.

Thank you again for your support.  
Your Sponsorship is greatly appreciated.

<b>Champion Buckle</b>	<u>\$125.00</u>	Qty <u>    </u>	\$ <u>          </u>
<b>Reserve Champion Buckle</b>	<u>\$100.00</u>	Qty <u>    </u>	\$ <u>          </u>
<b>Top Six Buckle</b>	<u>\$ 90.00</u>	Qty <u>    </u>	\$ <u>          </u>
<b>Other</b>	<u>\$ 50.00</u>	Qty <u>    </u>	\$ <u>          </u>

Either mail your donation item (s) or monetary donation check made out to CSHA to Tami Sandberg at the above address

Remember that your contribution, sponsorship and/or donation are tax deductible. **Our Tax ID # is 94-1091755 DLN: #602136125.**

Sincerely,

**CALIFORNIA STATE HORSEMEN'S ASSOCIATION  
TRAIL TRIALS PROGRAM  
RECORD OF DONATION / SPONSORSHIP**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Type of Contribution: \_\_\_\_\_ Sponsorship      Amount \$ \_\_\_\_\_

\_\_\_\_\_ Donation      Amount \$ \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received by: \_\_\_\_\_

Region

Date

The Purpose of this document is to record the donation / sponsorship received.

