

# FOUNDATION PARTICIPATION DONOR FORM

Name: \_\_\_\_\_  
(as you would like it to appear in donor recognition)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Donation Amount (please circle one): \$1,000 \$500 \$250 \$100 \$50 \$20 Other: \_\_\_\_\_

I wish to designate my donation for (please circle one): Scholarship Health & Welfare Crisis Unrestricted

## METHOD OF PAYMENT:

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Credit Card (please circle one): MC Visa AmEx Discover

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

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Make checks payable to:

**OHIO QUARTER HORSE FOUNDATION • PO BOX 209 • RICHWOOD, OHIO 43344**

\*Your contribution is tax deductible to the extent allowed by law.



**OHIO QUARTER HORSE**  
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