

## **BECOME A SHOW SPONSOR OR MAKE A DONATION!** All donations and sponsorships are tax deductible

The St. Louis National Charity Horse Show

Hunter/Jumper : September 13 -17, 2023 American Saddlebred : September 27 - 30, 2023 National Equestrian Center

PLEASE SELECT YOUR SHOW:	
American Saddlebred     Hunter/Jur	nper 🗆 Shared
PLEASE SELECT YOUR SPONSORSHIP LEVEL:	
□ \$10,000 Platinum Sponsor	□ \$1,500 Bronze Sponsor
□ \$5,000 Gold Sponsor	□ \$1,000 Blue Ribbon Sponsor
□ \$2,500 Silver Sponsor	□ \$500 Patron of SLNCHS
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CLASS & TROPHY SPONSORSHIP OPPORTUNITIES	
\$300 Championship Class Sponsor	Class Designation:
\$200 Championship Trophy/Ribbon Sponsor	
\$100 Qualifying Trophy/Ribbon Sponsor	
DONATION:	
DONATION: I/we would like to make a donation to SLNCHS for \$	
I/we acknowledge that this is a full donation ar	nd no goods or services will be received.
SPONSORSHIP INFO:	
Sponsorship Name (for print):	
Sponsorship Name (for print): Donor Contact:	
Sponsorship Name (for print): Donor Contact: Administrative Contact: Mailing Address:	
Sponsorship Name (for print): Donor Contact: Administrative Contact: Mailing Address: City, State, Zip:	
Sponsorship Name (for print): Donor Contact: Administrative Contact: Mailing Address: City, State, Zip: Phone Numer: () Email:	
Sponsorship Name (for print):         Donor Contact:         Administrative Contact:         Mailing Address:         City, State, Zip:         Phone Numer:         METHOD OF PAYMENT:	*Credit Card Information
Sponsorship Name (for print):	*Credit Card Information Name on card:
Sponsorship Name (for print):   Donor Contact:   Administrative Contact:   Administrative Contact:   Mailing Address:   City, State, Zip:   Phone Numer:   ()   Email:   METHOD OF PAYMENT:   Enclosed is a check for \$ payable to:   St. Louis National Charity Horse Show   Please charge the amount of \$ to my creater	*Credit Card Information Name on card: edit card Card Number: Exp. Date:/ CVC Code:
Sponsorship Name (for print):	*Credit Card Information Name on card: Card Number: Exp. Date:/ CVC Code: Billing Address:
Sponsorship Name (for print):	*Credit Card Information Name on card: Card Number: Exp. Date: / CVC Code: Billing Address: City, State, Zip:
Sponsorship Name (for print):   Donor Contact:   Administrative Contact:   Administrative Contact:   Mailing Address:   City, State, Zip:   Phone Numer:   ()   Email:   Phone Numer:   ()   Enclosed is a check for \$ payable to:   St. Louis National Charity Horse Show   Please charge the amount of \$ to my cred   OR Visit our website and DONATE NOW   @ www.stlhorseshow.com	*Credit Card Information Name on card: Card Number: Exp. Date:/ CVC Code: Billing Address: City, State, Zip: Email (for receipt):
Sponsorship Name (for print):   Donor Contact:   Administrative Contact:   Administrative Contact:   Mailing Address:   City, State, Zip:   Phone Numer:   ()   Email:   Phone Numer:   ()   Enclosed is a check for \$ payable to:   St. Louis National Charity Horse Show   Please charge the amount of \$ to my cred   OR Visit our website and DONATE NOW   @ www.stlhorseshow.com	*Credit Card Information Name on card: Card Number: Exp. Date: / CVC Code: Billing Address: City, State, Zip: