

***2022 WSHP Donation Form***

*Your donation directly supports development and operations of the Horse Park, the premier destination for horse sports*

*in the Pacific Northwest.*

*The WA State Horse Park Authority is a non‐profit 501(c)3 charitable organization*

*(ID# 33‐1197391). Your contribution is tax‐deductible to the extent allowed by law.*

**DONATION INFORMATION:** DATE**:** \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Use this gift where it is needed most

\_\_\_\_Use this gift toward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10% of a restricted donation is used to cover project management costs.

\_\_\_ $5000 \_\_\_ $1000 \_\_\_ $500 \_\_\_ $100 $\_\_\_\_\_\_\_\_ Other Amount

I wish to donate the following In-kind goods or services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DONOR INFORMATION:**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name (if business gift) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT INFORMATION:**

\_\_\_\_Enclosed is my check \_\_\_\_ Please charge my Credit Card (Visa/Mastercard)

Card#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp.Date\_\_\_\_\_\_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & billing address on card must match the Donor information provided above

\_\_\_I prefer that my name not be published

**Please mail this complete form and payment to: WSHP, PO Box 278, Cle Elum, WA 98922**

Donations can also be made online at www.wahorsepark.org

If questions, please contact Leslie Thurston, director@wahorsepark.org, 877-635-4111.

***Thank You for Your Support*!**

02/22/2020