



Sponsorship Commitment Form

Name/Company: _____ Date: _____

Contact Name (if company is a sponsor): _____

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____

Please indicate how you want to be recognized on printed /electronic materials:

Select Your Horse:

Amber Belle Cupcake Hubert

Jimmy Princess Roxy Sunny

Select Sponsorship Level:

Full Sponsorship (12 months) \$ _____

Half Sponsorship (6 months) \$ _____

Select Payment:

Lump Sum of: \$ _____

Monthly Payments of: \$ _____

Payment Method

Total Amount: \$ _____

1. Please bill me at the address listed above

2. Check # _____ enclosed. *Please make checks payable to The Bridge Center.*

3. Please charge my: AMEX MasterCard Visa Discover

Name on Card: _____ Credit Card #: _____

Signature: _____ Exp. Date: _____ Security Code: _____

If paying monthly, payments will be made on the _____ of each month for the selected term of either 6 or 12 consecutive months.