NORTH OKANAGAN THERAPEUTIC RIDING ASSOCIATION

RIDE-A-THON PLEDGE SHEET 2009

Registered Charity # 89204 3449 RR 0001

Rider's Full Name:_____

SPONSOR'S NAME	ADDRESS ***(Please provide <u>FULL</u> mailing address <u>including postal code</u> if you would like a receipt)***	PHONE #	DONATION AMOUNT	RECEIPT? Y/N	RECEIPT # *(office use only)*
		TOTAL			

Receipts will ONLY be issued on request.

Bring this form (completed) and DONATION money to the ride. All money must be turned in to be eligible for prizes.

All funds raised go toward providing riding lessons for the disabled.

SPONSOR'S NAME	ADDRESS *(**Please provide FULL mailing address including postal code if you would like a receipt**)*	PHONE #	DONATION AMOUNT	RECEIPT? Y/N	RECEIPT # *(office use only)*
		TOTAL			