

Sponsorship Form

Please complete this form and bring it along to registration

Cash	\$	
Checks \$		
Total	\$	

Help ensure the 19th Pink Ribbon Ride in the Park is a success. Riders and walkers have raised over \$130,000 in the past nineteen years for the Pink Ribbon Fund at Lehigh Valley Health Network.

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SPONSOR NAME	ADDRESS/Contact Info	AMOUNT

Checks are preferred. Please make checks payable to Bucks County Horse Park.

Name	Phone				
Address	City	_ST	Zip		
Total Amount Pledged: \$					
Total Amount brought to registration \$					
Total Amount to be collected following the event \$					