



Hoofbeat Challenge 2019

GENERAL DONOR INFORMATION – Please complete:

Donor Name (as it should appear for recognition): _____

Donor Name (for tax receipt purposes): _____

Contact Name (for businesses, if applicable): _____

Address: _____ City: _____ P.C. _____

Phone: _____ Email: _____

Please send me newsletters / periodic updates (sent by email unless indicated otherwise)

Sunrise protects your personal information and adheres to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services, and to keep you informed and up to date on the activities of Sunrise, including programs, services, special events, funding needs and volunteer opportunities through periodic contacts. If at any time you wish to be removed from the mailing list, or have any privacy questions or concerns, simply call our Privacy Officer at 519-837-0558 x31 or email at lynne@sunrise-therapeutic.ca **Please note that for privacy reasons, individual donors will not be listed on our website or social media, except at the discretion of the donor.**

I WOULD LIKE TO SUPPORT SUNRISE'S HOOFBEAT CHALLENGE IN THE FOLLOWING WAY(S):

EVENT SPONSORSHIP Amount: \$ _____

Please also complete payment section at bottom of page. Major sponsors (\$1000+) will be recognized on pre-event marketing materials. All sponsors will be recognized on event signage, program and webpage. Please note that a charitable tax receipt cannot be issued for event sponsorships. A payment receipt will be issued.

FINANCIAL DONATION Amount: \$ _____

Please also complete payment section at bottom of page. A charitable tax receipt will be issued for donations of \$20 and over. Donors will be recognized on the program donor list only. If you would prefer greater recognition please complete the Event Sponsorship section (above) instead. Alternatively, you may wish to pledge a registered rider or walker. Donations can also be made through CanadaHelps: <https://www.canadahelps.org/en/charities/sunrise-therapeutic-riding-learning-centre/>

DONATION OF PRIZE ITEM(S)

Description(s): _____

Value(s) \$ _____ Tax receipt desired? Yes _____ No _____

Note that receipting of gifts-in-kind is done in accordance with CRA regulations. Donors may be asked to provide proof of value of item(s). Tax receipts cannot be issued for gift certificates. New items only please.

TOTAL: \$ _____ Payable by cash cheque (payable to Sunrise Therapeutic) VISA MC

Name on card: _____ Signature: _____

Card Number: _____ Expiry: ____/____

Thank you!