

I want to support the

STANDARDBRED



Name: _____

Address: _____

City: _____ State: _____

Zip: _____ E-Mail: _____

Telephone (home): (____) _____ Telephone (business): (____) _____

Please accept my gift of:

I wish to make a one-time donation of \$25 \$50 \$100 \$500 Other \$_____

I wish to make a pledge of \$_____, over _____ years, at \$_____ per year, starting on (enter date) _____

I wish to make an automatic monthly donation of \$_____ (minimum \$10) withdrawn from my account on the 30th of each month (Please enter your credit card information below)

Gift options:

This gift is In Memory of _____

This gift is In Honor/Recognition of _____ Name of Event _____

Send acknowledgement letter to:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Letter to read from: _____

Method of Payment:

Check (made payable to the Standardbred Retirement Foundation)

Visa Mastercard American Express Discover

Card Number: _____ Exp. Date: ____/____ CVV # _____

Card Holder Name: _____ Signature: _____

Mail to:
42 Arneytown-Hornerstown Rd., Cream Ridge, NJ 08514
Telephone: 609-738-3255 Fax: 609-738-3258