

STANDARDBRED



Win Win Pledge Form

Standardbred Retirement Foundation

Donor Information (please print or type)

Full Name	_____
Stable Name	_____
Address	_____
City, ST & Zip Code	_____
Phone	_____ Email _____
I authorize the racetracks to deduct % _____ from purse earnings from horses owned by me, and/or the stable listed.	
You may cancel this at any time if you have questions, contact Tammy at 609-738-3255	

And/Or Make a Donation

Please accept my contribution in the amount of \$ _____ as a (please check one)

One-time gift or Monthly to sponsor a horse in need.

Please accept my contribution in the form of: cash check credit card other.

Credit Card Number _____

Exp date _____

Security # on back: _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

Signature(s)

Date

Standardbred Retirement Foundation
42 Arneytown-Hornerstown Rd., Cream Ridge, NJ 08514
Phone 609-738-3255 | Fax 609-738-3258 | EIN 52-0325043