

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 SRF at 609-738-3255	

And/Or

Make a Donation

Please accept my contribution in the amount of \$ _____ as a (please check one)	
<input type="checkbox"/> One-time gift or <input type="checkbox"/> Monthly to sponsor a horse in need.	
Please accept my contribution in the form of: <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> credit card <input type="checkbox"/> 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 SRF