Sponsorship Form

Please complete this form and bring it along to registration

Cash $_____
Checks $_____
Total $ _____

Help ensure the 15th Pink Ribbon Ride in the Park is a success. Riders and walkers have raised over $110,000 in the past fourteen years for Breast Cancer patients at Breast Health Services at Lehigh Valley Health Network.

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 $_____

Help one another fight cancer