



# Sponsorship Form

Please complete this form and bring it along to registration

Cash	\$ _____
Checks	\$ _____
Total	\$ _____

Help ensure the 16<sup>th</sup> Pink Ribbon Ride in the Park is a success. Riders and walkers have raised over \$118,000 in the past fifteen years for the Pink Ribbon Fund 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*