



Professional Horsemen's Association of America, Inc

Request for Charitable Donation

Please print legibly and complete the application

Date of request: _____

Response needed by: _____

Name of organization: _____

Contact person information:

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone numbers - please include area code:

Cell: _____ Work: _____

Home: _____ Best # to reach you: **C H W**

Email: _____

Reason for request - please be as specific as possible (ad in journal, jump sponsor, etc.):

Amount requested: \$ _____ check payable to: _____

Address to send check to (if other than contact person address):

Signature: _____

Print name: _____

Please send your completed request to:

Christine A. Nastasi
PHA Donation Requests
187 Prospect Hill Road
Brewster, NY 10509

or email as a PDF to:
PHACharitableDonationRequest@gmail.com

For Office use only

Rec'd date: _____ Rec'd by: _____

Reviewed by: _____ Granted Denied Date: _____

Amount:\$ _____ Check #: _____ Check date: _____

Payable to: _____