

SPONSOR LIST

Name		
Address		
City	State	Zip
		S t a t e Z I P
Organization PIONEER VALLEY THERAPEUTIC RIDING ASSOCIATION		

Sponsor Name	Address/Phone	Amount Donated	Paid (X)
1			
2			
3			
4			
5			
6			
7			

8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

19				
20				
Total Donations				