

HOOF CARE ESSENTIALS FOUNDATION INC.

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PLEASE PRINT:

EDUCATIONAL PARTNER (COMPANY) PATRON (INDIVIDUAL)

First Name: _____ Middle Initial: _____ Last Name: _____

Business Name: _____

Business Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Business Phone: _____ Fax: _____

Gender: (circle) Male Female Suffix (Sr, Jr, II, III): _____

E-mail Address: _____

Website Address: _____

Home Address: Check box if same as Business Address _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Preferred Phone: _____ Home Phone: _____

Your Profession: (circle) Manufacturer Distributor Retailer Farrier Vet Other: _____

Levels of Sponsorship (Please circle your preferred annual level):

Educational Partner – One Year = \$1,250.00

Patron:

Bronze \$100

Silver \$250

Gold \$500

Platinum \$750

Diamond \$1,250

Memorial Donation In Memory of:
(Minimum of \$50) _____

Amount of Check (please attach): \$ _____ Check # _____

Amount to charge on Credit Card: \$ _____ Cash \$ _____

Credit Card Number: _____ Expiration: (MM/YYYY): ____ / ____

Name on Card: _____ Security Code (3 or 4 digits): _____

Billing Address: _____

Billing City: _____ State/Prov: _____ Zip/Postal Code: _____

Signature: _____

Check this box if you wish for us to retain this credit card info to use for future renewals.