



Hooved Animal Rescue and Placement (HARP)



Sponsorship Form

Sponsor: _____

Address: _____

Contact Person: _____

Phone #: _____ email: _____

Event Sponsored: _____

Or

Other Sponsorship: _____

Amount of Sponsorship: _____

Received by
Harp Representative: _____

(Harp Representative sign receipt and cut along line for receipt to sponsor)

RECEIPT		HOOVED ANIMAL RESCUE & PLACEMENT	NO.
Received from:		Payer Name: HARP Address: PO Box 56 City, ST ZIP Code: Loranger, La. 70446	
DATE	DESCRIPTION	AMOUNT	
	Donation/Sponsorship		
	TOTAL		
	501 C 3 NON-PROFIT PROMOTING THE HUMANE TREATMENT		
	OF HORSES AND OTHER LIVESTOCK		
Harp Rep:			