



OUR FARM
EQUINE RESCUE
rescue · rehabilitate · rehome

Rescue Ambassador Agreement

This AGREEMENT of sponsorship is made as of _____ (date)
by and between the undersigned and Our Farm Equine Rescue, Inc.

I. Term

The Sponsorship shall begin on the date above and shall continue for a period of 12 or 6 months either as an annual tax deductible charitable gift or as a recurring monthly debit from credit card. Payable no later than the 15th of the month. Please check agreement type _____ Annual _____ Monthly

II. Purpose

The purpose of the Rescue Ambassador is to provide consistent, ongoing financial support to meet the care and feeding needs of their sponsored equine rescue at Our Farm Equine Rescue.

III. Agreement

By signing this agreement, I _____ (name) agree to make a tax deductible donation of the selected amount for a period of 52 (recommended) or 26 weeks. In exchange for this donation, I know that 100% of my donation is going to the support of my selected horse (if my horse is adopted the sponsorship will be applied to a new rescue unless stipulated otherwise). I understand an acknowledgement receipt will be issued annually.

Sponsor Horse's Name _____

Your Barn Name _____

Sponsorship Levels (please indicate contribution level)

| | <u>Annual Contribution</u> | OR | <u>Monthly Contribution</u> |
|------------------------------------|----------------------------|----|-----------------------------|
| _____ Quarterly Sponsor | \$1,100 | | \$ 25 |
| _____ 1/4 Sponsor | \$ 100 | | \$ 50 |
| _____ 1/2 Sponsor | \$ 200 | | \$ 100 |
| _____ 1/4 Sponsor | \$2,400 | | \$ 200 |
| _____ 1/2 Sponsor | \$4,800 | | \$ 400 |
| _____ Full Sponsor | \$9,600 | | \$ 800 |
| _____ Custom Sponsor | \$_____ | | \$_____ |

Special Requests

_____ I choose to be anonymous, please do not list me on the website or in barn.

_____ Please put this sponsorship in the name of _____

_____ Please put this sponsorship in memory of _____

Rescue Ambassador/Sponsor Signature _____ Date _____

OFER Representative Signature _____ Date _____

Name _____ Phone Number _____

Address _____ City _____ State/Zip _____

Email _____

Credit Card Number _____ Expiration _____ Code _____ Type _____

Fill out and mail to the address below - Attn: Rescue Sponsor Agreement or email to: donations@ourfarmequinerescue.org
Our Farm Equine Rescue, Inc., P.O. Box 7471, Wilton, CT 06897 - a 501(c)(3) nonprofit organization. Tax ID: 47-3573949