



WSHC EQUINE FOUNDATION, INC.

Grant/Donation Request Information Sheet

Date of Request: _____ Contact Person: _____

Organization Name: _____

Address: _____

Phone Number: _____ E-Mail Address: _____

Amount Requested: _____ Purpose: _____

How does your request coincide with our mission statement? _____

Additional Information / Comments: _____

Have you applied at another time for funding from this Foundation or from Wisconsin State Horse Council? Yes No

What other resources are funding your project? _____

The mission of the Equine Foundation is to support Wisconsin's expanding equestrian community by funding:

Educational Initiatives Equine Research Trail Development Youth Scholarship and Participation

WSHCEF use	Amount Granted: _____	Date Paid: _____
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WSHC Equine Foundation
PO Box 351 Columbus, WI 53925
www.whscef.org