AMERICAN QUARTER HORSE FOUNDATION

# Medallion Gift Program & Wall of Honor Plaza Commemorative Gifts

## Celebrate a Horse, Honor a Life

*Please visit us online for additional information www.aqha.com/foundation.*

**PURCHASER INFORMATION**

□ Please keep my gift anonymous. (*Your gift will not appear in our donor recognition lists.)*

**AQHA ID** (if member)**:** _____ **Daytime Phone Number:** _____

**Name:** _____ **Address:** _____

*(As it should appear on our donor recognition lists)*

**City:** _____ **State:** _____ **Zip Code:** _____

**SHIPPING INFORMATION**

The medallion will be shipped to the address above. If you are purchasing the medallion as a gift, and want it to be shipped to a friend, please provide their mailing address below: **Daytime Phone Number:** _____

**Medallion Recipient:** _____ **Street Address:** _____

**City:** _____ **State:** _____ **Zip Code:** _____

**ORDER SUMMARY & METHOD OF PAYMENT**

| Item | Quantity | Price | Total (price x quantity) |
|---|---|---|---|
| Medallion Gift | | $350 each | |
| **Wall of Honor Plaza Commemorative Items:** | | | |
| Hall of Fame Medallion | | $1,000 each | |
| Hall of Fame Paver | | $5,000 each | |
| *All orders will be shipped from Trigard via UPS. AQHF will charge your card separately for shipping once we receive notification that your order has been shipped.* *Shipment, duties and taxes will be the responsibility of the recipient.* | **Subtotal:** | | |
| | **Shipping Charges:** | | Charged/billed separately |
| | **TOTAL DUE:** (excluding shipping charges) | | |

□ Visa □ Master Card □ American Express □ Check Enclosed

**Credit Card Number:** _____ - _____ - _____ - _____ **Exp Date:** _____

**Billing Zip Code:** _____ **Name on card:** _____ **Signature:** _____

**TEXT**

**Line 1 (check one)** □ In Honor of □ In Memory of

**Line 2** **Name of person or horse - 25 spaces maximum, including blank spaces.**

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Line 3** **Your name or special accolades -25 spaces maximum, including blank spaces.** ***(Third line applies to paver orders only.)***

| | | | | | | | | | | | | | | | | | | | | | | | |
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**MOUNTING OPTION (check one)** □ Standard (predrilled holes with matching screws) □ No Holes

**Orders may be placed by fax or postal mail. No phone orders please.** Fax: 806-376-1005

AQHF PO Box 32111 Amarillo, TX 79120-9971

**Appeal Code: CG-ITEMS_10ASW_ GFTMEDAL HOFMEDAL HOFPAVER**