For Office Use:	
Check #	
Date Pd	
Amount	

## DRAFT HORSE JOURNAL AD

PLEASE PR	RINT:		
Farm Name	<b>:</b>	Breed:	
Name[s]:			
Address:			
City:		State:	Zip Code:
Phone Nu	ımber: Home: ()	Office: (	)
E-mail:		Fax:	
Website:			
If you	Journal A	d cost is \$80.00 rsonal, farm name a	
in	cluded in the Journal A — <u>NO Contact In</u>	Ad as an 'Association of the Add as an 'Association of the Cost is \$40	<del>-</del>
Method	& Amount of Payment: Cash	Check	
Payable to:	PA Draft Horse & Mule A	ssociation	
Return to:	Donna Heller Zinn 248 Whiskey Run Rd. Newville, PA 17241-8612		

NOTE: To prevent errors, please fill out this form completely and clearly.

For Questions or Concerns contact Donna Heller Zinn at (717) 776-6403 or e-mail: djzinn@pa.net.