



IN-KIND DONATION FORM

DONOR INFORMATION

Name _____

Company Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail Address _____

DONATION INFORMATION

(To be completed by donor. An additional sheet itemizing the donation may be attached.)

Item(s) Donated:

Please value your donation: \$ _____

(Partners Therapeutic Horsemanship cannot value your donation; it is the sole responsibility of the donor to provide a fair market value for any item(s) donated.)

SIGNATURES

Signature of Donor _____

Date _____

Representative of Partners Therapeutic Horsemanship _____

Date _____