



A Race for Health, Hope and Happiness

Auction Donation Form

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Business Name *if applicable* _____

Website _____ Type of business _____

For publicity purposes use my name business name *(if applicable)* **list names exactly**

I/ the donors wish to remain anonymous and not be recognized in any public materials. (Please note: IRS regulations require disclosure in some instances.)

Logo: Please email company logo in jpeg format to KathyRyan@equestcenter.org

I would like to donate merchandise gift certificate to the Horsin Around at the Derby Event.

Item _____

Description _____

Please attach specific restrictions or instructions and include expiration if applicable.

- Merchandise/gift certificate attached
- Donor to deliver (2 weeks before event)
- Equest Center to pick up

Fair market value _____

Other Donation \$ _____

Total Amount: \$ _____

Make checks payable to:
Equest Center for Therapeutic Riding, Inc.
3777 Rector Ave NE
Rockford, MI 49341

*****Please have commitment form completed and amount enclosed by April 15, 2019 to ensure inclusion in the event program. Thank you!***