



VALLEY THERAPEUTIC EQUESTRIAN ASSOCIATION

AUCTION DONATION FORM

Donated By (name of person or company): _____

Contact Person: _____

Address/Postal: _____

Phone: _____

E-Mail Address: _____

Please attach a business card, if available.

By signing this form I agree that my donation becomes the property of VTEA and that it will be used at this event.

Donor's Signature: _____ Committee Volunteer Signature: _____ Date: _____

ITEM DESCRIPTION

VTEA sincerely appreciates your support and wants to ensure that your donation is properly presented.

Please provide a full description of your donation below so that it may be correctly described at this event.

Item/Service Description: _____

Retail Value \$: _____

Restrictions on Item/Service (dates/limitations, etc.): _____

Tax Receipt Requested - Yes or No _____

Please arrange to have all items delivered to the VTEA Office at 3330 - 256th St., Aldergrove, BC or contact

Paula Farr and we will arrange for pick up. This form should accompany all items. Phone 604-857-1267

Charitable Registration Number: 11928 0824 RR0001

Thank you for your support!