

The Garden Party at Summergrove Farm
Benefiting New Heights Therapeutic Riding
Donation Form



Individual or Company: _____

Name of Contact Person: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ E-mail Address: _____

Donor's Representative's Signature: _____

Donation: *Please thoroughly describe your donation below so that we can correctly describe your item on signs and documents at the event and in your income tax documentation.*

Name of Item: _____ Retail Value: \$ _____

Description: _____

Restaurants, please indicate: number of appetizer size servings donated _____; will you provide server? __yes__ no; do you need cooking space? __yes__ no; special requirements _____

_____ *see attached letter.* New Heights will provide service supplies; please let us know which you will need: __ plates __ bowls __ forks __ knives __ cups __ napkins

Thank you for your donation; we look forward to your participation and will be contacting you soon. When you are ready to make your donation, you can fax completed form or call your New Heights' contact:

New Heights Representative: Name Phone Fax

New Heights Therapeutic Riding is a 501 (c (3) exempt organization. Donations are exempt to the full extent of the law. Information for income tax documents will be sent after our event.