

Healing with Horses Ranch

10014 FM 973

Manor, TX 78653

In-Kind Donation Form

Donor Information

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ cell: (____) _____

E-Mail: _____

Item/Service Provided

Date Donated: _____

Description of Item/Service Donated:

Value of Donation: *According to IRS regulations, we will not be allowed to declare the value of your donation from our acknowledgment.*

Cost per hour: _____

Estimated Cost of Item: _____

Total Amount of Donation: _____

The Above information is accurate to the best of my knowledge.

Signature

Date