

Manes & Motions Therapeutic Riding Center



Auction and Drawing Prize Donation Form

Manes & Motions
Therapeutic Riding Center
A Member of the Hospital for
Special Care Community

| | |
|---|-------|
| Name | |
| Company or organization | |
| Address | |
| City/State/Zip | |
| Phone | Email |
| Description of donated item or service | |
| Value \$ | |
| <input type="checkbox"/> I enclose the item or certificate. | |
| <input type="checkbox"/> I will send the item or certificate by mail by (date) | |
| <input type="checkbox"/> I will send the item or certificate via a committee member (name) | |
| <input type="checkbox"/> I will deliver the item or certificate in person on (date) | |
| <input type="checkbox"/> Please contact me to arrange pick-up. | |
| Special instructions: | |
| <input type="checkbox"/> Contact me with more information about attending upcoming Manes & Motions events. | |
| <input type="checkbox"/> Contact me about sponsorship opportunities. | |
| Please send form and donated item to Manes & Motions Therapeutic Riding Center, Inc., 2150 Corbin Avenue, New Britain, CT 06053. | |
| For more information, call 860.612.6312 or email Lglovna@hfsc.org | |
| <i>Manes & Motions Therapeutic Riding Center, Inc. is a 501(c)3 Organization. Tax ID # 06-155059</i> | |