



THANK YOU FOR YOUR SUPPORT!

Procurement Form

2020 Magic in Motion Gala

ITEM: _____

Description (Please be specific—i.e. size, color, quantity, features, expiration date, etc.)

Retail Value: _____ Authorized Signature: _____

DONOR/COMPANY: _____
(Name as it should appear in any print materials)

Contact Person: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Email: _____

DELIVERY METHOD: (Received no later than October 10, 2020)

- _____ I will mail the donation
- _____ Please arrange for the item to be picked up
- _____ I will make arrangements to drop off the item

Please send donations to:

High Horses
PO Box 278
Sharon, VT 05065
(or)
Phone: 802-763-3280
email: nicole@highhorses.org

Acknowledgement of your donation will be forwarded for tax purposes

OFFICE USE ONLY

Donor will mail/deliver by : _____ Volunteer to pick up by : _____

Item/Certificate stored (location): _____