



DONATION FORM

Central Kentucky Riding for Hope greatly appreciates the donation of

Valued at _____

Name of donor: _____

CKRH representative- Signature

DONOR representative-Signature

Date: _____

“ABILITY NOT DISABILITY”

This donation is for charitable purposes, no goods or services were received in exchange for this donation.

Central Kentucky Riding for Hope greatly appreciates the donation of

Valued at _____ Date: _____

Name of donor: _____

Address: _____

Phone: _____ (work) _____ (home)

Representative _____

Date: _____