



*The Shea Center*

*J.R. Shea Therapeutic Riding Center*

**NON-CASH DONATION**

*Thank you for your generosity*

Name/Organization

Organization Contact Name

Address

City

State

Zip

( )

Preferred Phone

Email

**Detail Description:**

**Estimated Value** (determined by donor\*)

\$

The Shea Center welcomes in-kind donations to support our therapeutic riding program. Before making an in-kind donation, please review the following guidelines:

- Donated items become the property of the Shea Center and cannot be returned.
- Unused donated items to be forwarded to the next Shea Center Event for auction.
- All items that have a value over \$500 must have a certified appraisal attached to verify the value per IRS code.\*

We will return a copy of this form with your acknowledgement letter for tax purposes.

**Shea Center Info:**

Received by

Date

*Shea Center staff person signature*