

TAX DONATION INFO

ITEM DONATED BY: _____ Date: _____

Address: _____

Phone Number: _____ Value: _____

OFFICE ONLY:

Solicited by: _____

Date of Pickup: _____ By: _____

Personal Thank you sent: _____ Tax Donation Form Sent: _____

If paying by check please make it payable to The Foundation for the Pure Spanish Horse Assoc.:

Check # _____ Amount: _____

Cash: _____ Collected By: _____

CREDIT CARD FORM FOR BUYER

Please Print Clearly

Name _____

Billing address _____

City _____

State _____ ZIP _____

Phone _____ Cell _____

Email _____

() Visa () Master Card () Discover () American Express

Credit Card Number _____

Name as it appears on the credit card: _____

Billing Address if different from above: _____

Expiration Date _____ V Code _____

(Three or four digit code on back or front of card)

Amount Authorized: \$ _____ Signature _____