



# San Juan Capistrano Equestrian Coalition

## DONATION FORM

### DONOR INFORMATION

Individual     Business     Non-Profit

Name \_\_\_\_\_

Donor Recognition Name \_\_\_\_\_

Please print name EXACTLY as you would like it to appear in recognition publications

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### DONATE AN AUCTION ITEM

Item Name \_\_\_\_\_ Donor's Fair Market Value (Required) \$ \_\_\_\_\_

Gift Certificate:     Included     Please Make For Me    Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(If no date is listed, the item will be valid for one year from the date of the event.)

Description of Item (List all Restrictions): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT TOTAL and PAYMENT

Underwriter/In Kind Gift \_\_\_\_\_ Value of \$ \_\_\_\_\_ FAIR MARKET VALUE

Other \_\_\_\_\_

TOTAL \$ \_\_\_\_\_     Check # \_\_\_\_\_ (Payable to SJCEC)     VISA     MasterCard     American Express

CC Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 or 4 Digit Security Code \_\_\_\_\_

Card Billing Address (if different from above) \_\_\_\_\_

### DONOR SIGNATURE (Required)

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

#### SAN JUAN EQUESTRIAN COALITION

Federal Tax ID # 65-11-89119

Please send all monies and correspondence to:

Treasurer of SJCEC

P.O. Box 361

San Juan Capistrano, CA 92693

[www.sjcec.org](http://www.sjcec.org)