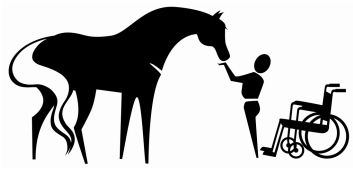

Equest Center for Therapeutic Riding, Inc.

Donation In-Kind Form

Today's Date: _____

Donor Name: _____

Street Address: _____

City : _____State:_____Zip:_____

Phone:_____ Cell:_____Email: _____

Quanity	Item Description	Value Each	Total

For Office Use Only	
Recvd by:	Date:
Receipt issued:	TY:
+ to Inventory	

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