



DONATION VERIFICATION AND VALUATION FORM

I/ My company/business will donate the following to the Pulmonary Hypertension Association and Taylor's Wish to support its efforts in fighting Pulmonary Hypertension.

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Event Name: RACE 2 CURE PH – The 3rd Annual Taylor Caffrey Memorial 5K Run/Walk

Event Date: Saturday, June 2, 2012

Description of item to be donated:

Fair Market Value of item:

1. _____

2. _____

3. _____

4. _____

5. _____

Authorized Signature: _____



Taylor's Wish, c/o Shari Caffrey,
P.O. Box 28593, Canyon Station Post Office, Anaheim, CA 92809-9998