



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: 8th Annual **RACE 2 CURE PH** -Taylor Caffrey Memorial 5K Run/Walk

Event Date: Saturday, May 13, 2017

Description of item to be donated: Fair Market Value of item:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Authorized Signature: _____

