



June 10, 2022

Benefiting FAR Therapeutic

Arts and Recreation

DONOR AGREEMENT Describe one item per form, please print.		Send me an invite!
		Return forms to or contact us with questions:
		payres@FAR-therapy.org
Donor Name / Business Name		FAR Therapeutic Arts and Recreation
		1669 West Maple Road
Contact Name (if different)		Birmingham, MI 48009
		P: (248) 646-3347
Street Address		F: (248) 646-4480
City Sta	ate Zip Code	
City	ate Zip Code	
Contact Phone #	Contact Email	
Item		Fair Market Value
Description		
Quantity, Size, Conditions, Restrictions, S	Stipulations and/or Speci	ific Dates
Delivered to FAR		Mailed to FAR
Delivered to:		Picked up from donor by: