

★ return to: events@ahsa.asn.au

DONATION FORM

Donation commitment value (\$Value) _____

Payment plans available, please contact us for details.

Donor Information:

Please fill out information exactly as you would like it to appear in all advertising.

Farm/business _____

Name/Contact _____

Address _____

City _____ State _____ Postcode _____

Phone: _____ Mobile: _____ Email: _____

Payment Information: *Please choose one of the following options.*

- ★ Full Payment
 - ★ Deposit (25% of your Donation)
 - ★ Other Amount (not less than 25% of donation)
- (An invoice will be issued to the business name/contact person above)

Donor Agreement: *By signing this form you agree to the following;*

- ★ Amount will be paid as committed above.
- ★ Donor will provide all promotional material by 1 January 2025, contact committee for specifications.
- ★ All Donor monies must be paid by 1 January 2025
- ★ Should the show be cancelled for any reason All Donations paid will be refunded.

Please list classes you prefer to sponsor in order of preference:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Signed: _____

Date: _____