

DONOR INFORMATION

Donor / Company Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____



Would you like to be publicly acknowledged for your donation?

☐ Yes ☐ No (I prefer to remain anonymous)

DONATION DETAILS

Please select the type of donation and provide details below:

☐ **Financial Contribution**

Amount: \$ _____

☐ **Item(s) for Auction Basket** - List of items needed at: <https://www.mapagency.org/events>

☐ **Service Donation**

☐ **Gift Certificate / Gift Card**

Value: \$ _____

☐ **Experience Package**

Estimated Value: \$ _____

Item/Service Description (for use in promotional materials):

Please provide a brief description of your donation, including any brand names, features, or highlights.

Restrictions or Expiration Dates (if applicable):

Please note any blackout dates, usage limitations, or expiration policies.

☐ **Sponsorship Packages**

☐ Ruby \$10,000

☐ Emerald \$5,000

☐ Pearl \$2,500

☐ Sapphire \$1,000

DELIVERY METHOD

☐ **I will deliver or mail** the item to Michigan Ability Partners

☐ **Please contact me** to arrange pick-up of the donated item(s)

☐ **Enclosed** is a gift certificate, gift card, or experience package details

☐ **Item will be sent electronically** to: info@mapagency.org

ATTEND THE "GALA" EVENT

☐ **To purchase tickets** to the Gala, go to: <https://www.mapagency.org/events>

SIGNATURE AND DATE

Signature: _____ Date: _____

Michigan Ability Partners is a 501(c)(3) nonprofit organization. Your donation may be tax deductible as allowed by law. Tax ID: 38-2595768

Please make checks payable to: **MICHIGAN ABILITY PARTNERS** - 3810 Packard Rd. Ste. 260, Ann Arbor, MI 48108.
Credit card donations can be made securely at <https://mapagency.networkforgood.com/> or with MAP directly at 734-975-6880.

For questions or more information, please reach out to info@mapagency.org