



Gift and Sponsorship Acquisition Form

To provide a one-time emergency aid where no other source exists

Event Name: BBQ GOLF OTHER

Date: _____

PLEASE TYPE OR PRINT

Donor: _____

Sponsor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Fax: _____

Contact Person: _____ Authorized Signature: _____

FOR OFFICE USE ONLY

Location Held: _____

Date Received: _____

Logo Social Media Post

How Sponsor/Donor name should appear in newsletter:

Type of Gift: Item Service Cash Donation Other _____

Type of Sponsorship: \$250 \$500 \$1,000 \$1,500 Other _____

Company Logo: Please send your company logo with this form to karen@icare-mi.org

Description: _____

If applicable, Times Available/Conditions of Item Donated: _____

Estimated Value: \$ _____

Gift accompanies this form Gift will be *delivered* on _____ Gift needs to be *picked up*

To: _____ at: _____

If cash gift, please make checks payable to iCare of Michigan Other _____

Solicitor: _____ Date: _____

Phone: _____ E-Mail: _____

Thank you very much for your commitment to, and support of, iCare of Michigan.

Visit us online at: www.icare-mi.org

TAX ID # 23-7205048
IC - GAF (2-05)