



# Gift Acquisition Form

Event Name: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE TYPE OR PRINT

Donor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

How donor name should appear in newsletter: \_\_\_\_\_

Type of gift:  Item  Service  Cash Donation  Other \_\_\_\_\_

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 \_\_\_\_\_

For further information contact:

**Amy English @ (586) 412-1165 Email: [aenglish@icare-mi.org](mailto:aenglish@icare-mi.org) Fax (586) 757-0031**

Solicitor: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

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

*Please return to: 44139 Manitou, Clinton Township, MI 48038*

Visit us online at: [www.icare-mi.org](http://www.icare-mi.org)