

# ACMP Carolinas Donation Form

You can complete this form, print it and mail it to our physical address at:

500 Westover Drive #11170  
Sanford, NC 27330-8941

Please make your check payable to ACMP Carolinas.

First Name _____	Last Name _____
Company Name _____	Company Role _____
Email _____	Phone _____
Address Street _____	
City, State _____	Zip _____

Donation Type \_\_\_\_\_ Donation Amount (\$USD) \_\_\_\_\_

**Complete the following sections based on your choice of sponsor/donation type.**

## ANNUAL SPONSOR

Annual Sponsorship Level \_\_\_\_\_  
Annual Sponsor Point of Contact Name \_\_\_\_\_ Annual Sponsor Point of Contact Email \_\_\_\_\_

*Provide a contact name and email who we can work with to obtain more information about your sponsorship (a logo file for example)*

Donation Comment:

*If you would like your donation used only for a specific chapter initiative, let us know. If you would like your donation to be applied where it is most needed, leave this field blank.*

## EVENT SPONSOR

Event Sponsor Point of Contact Name \_\_\_\_\_ Event Sponsor Point of Contact Email \_\_\_\_\_

*Provide a contact name and email who we can work with to obtain more information about your sponsorship (a logo file for example)*

Event Information:

*Please tell us more about the event you plan to sponsor with this donation. Be sure to include the desired date, if applicable.*

## INDIVIDUAL DONATION

Friend of ACMP Carolinas  Individual Donation

Donation Comment:

*If you would like your donation used only for a specific chapter initiative, let us know. If you would like your donation to be applied where it is most needed, leave this field blank.*

**Thank you so much for your donation to ACMP Carolinas. You will be provided a donation receipt for tax purposes.**