



# ACMA Fundraising & Auction Donation Form

**DONATION INSTRUCTIONS:** To notify ACMA of your intent to donate, fax a copy of this form to (501) 227-4247 AND mail the original form along with your donation to ACMA by March 15, 2015. Please use ONE form for EACH item donated.

Item Solicited by: \_\_\_\_\_  N/A – Same as Donor

## **DONOR CONTACT INFORMATION (Please print legibly or type)**

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

Contact Name (If donor is organization): \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

Check this box if donor wishes to remain anonymous and does not want to be publically recognized

## **DONATED ITEM (Please print legibly or type)**

Item: \_\_\_\_\_ Cost / Estimated Market Value: \_\_\_\_\_  
(\$25 or higher)

\*Complete Description of Item: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*If your item contains multiple services or products please detail in description.*

## **MONETARY DONATION**

Amount of Donation:  \$25  \$50  \$100  \$500  Other \$ \_\_\_\_\_

Method of Payment:  A check payable to ACMA is enclosed  Visa  MasterCard  AmEx  Discover

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

\_\_\_\_\_  
(CARDHOLDER NAME – print legibly as it appears on card) / \_\_\_\_\_  
(CARDHOLDER SIGNATURE AUTHORIZATION)

## **SHIPPING OPTIONS: (Check one)**

N/A – I am making a monetary donation via credit card and no shipping is required

I will **ship** the above item **to the ACMA National Office** at the following address:  
ACMA Attn: Fundraising, 11701 West 36<sup>th</sup> Street, Little Rock, AR 72211 **to arrive by March 15, 2015\***.

**\*If donation is made AFTER March 15, 2015, you must call Kristy Shepherd at (501) 907-2262 to make special arrangements for delivery of the donated item(s).**

## **DONOR ACKNOWLEDGEMENT**

**We thank you for your support. Donors will receive a formal receipt documenting their donation for tax purposes.** ACMA is a 501(c)3 non-profit membership organization organized under the Arkansas Nonprofit Corporation Act of 1993 representing professionals who practice and support Case Management in the Hospital/Health System setting. ACMA provided no goods or services in consideration for your donation, and has only the estimated value of the donated item or monetary contribution. Consult your tax advisor for appropriate evaluation and tax effects of your gift. Federal ID#71-0825381

ACMA Office Use only: Form Rec'd: \_\_\_\_\_ Item Rec'd: \_\_\_\_\_ Receipt Sent: \_\_\_\_\_ Item #: \_\_\_\_\_