

PLEDGE/DONATION FORM

DONOR INFORMATION

Name(s) :

Billing Address : City :

State : Zip Code :

Phone : E-Mail :

ACKNOWLEDGMENT INFORMATION

Please use the following name(s) in all acknowledgments:

☐ I (we) wish to have our gift remain anonymous

☐ In honor ☐ In memory Names(s) :

Please notify with an acknowledgment card:

Name(s) :

Billing Address : City :

State : Zip Code :

Phone : E-Mail :

DONATION INFORMATION

I (we) pledge a total of \$

Allocation: ☐ General Fund ☐ Scholarship Fund ☐ Research Fund ☐ Innovation Fund ☐ Other

If other, please describe:

To be paid: ☐ Now ☐ Monthly ☐ Quarterly ☐ Yearly ☐ Other

Gift will be matched by (company/family/foundation):

I (we) will make this contribution by:

- ☐ Cash
- ☐ Check (payable to ACI Foundation)
- ☐ Credit Card - Provide a contact name and phone number and an ACI representative will contact you.

Name: Phone:

Please make checks, corporate matches, or other gifts payable to:

ACI Foundation
38800 Country Club Dr.,
Farmington Hills, MI 48331

Please return completed form to the attention of Kari Martin by mailing to ACI Headquarters at 38800 Country Club Drive, Farmington Hills, MI 48331 or by emailing kari.martin@acifoundation.org. For questions, please contact +1.248.848.3757.