

The Parade Company New Home Donation Form

To Be Completed By Donor:

Donor Name:			
Please list your name(s) and/or company name	exactly as you wish it to appear i	n publication	
Address:			
City:			
Phone: (H)	(W)		
Fax:	Email:		
Date of Donation:			
Terms/Conditions of Donation:			
Optional:			
This Gift is in \Box Memory of \Box In Honor Of			
Please make			aware of this gift.
Address:			
City:	State:	Zip:	
PAY	MENT INFORMATION	·····	······································
☐ Check enclosed ☐ Credit Card: VISA Master on DISCOVER COURTER COURTS	Total Amour	nt	_
Name (as it appears on the card)			
Card Number			_
EXP CVV			
Signature (for credit card)			

Make checks payable and mail to:

Michigan Thanksgiving Parade Foundation 9500 Mt. Elliott, Studio A Detroit, MI 48211 Attention: Sandy Kempa