



# 2024 AGREEMENT FORM

As a partner for the DMAN Foundation, I will have the satisfaction of knowing that I am making a valuable contribution to the DMAN programs, such as the Assisted Travel.

My organization will be participating in the Dreams Come True on Woodward Partnership package which is a contribution of \$\_\_\_\_\_ to the DMAN Foundation.

My organization will provide a digital copy of our logo, which will be used in promotional materials.

\_\_\_\_\_  
Organization Representative

\_\_\_\_\_  
Date

Please check your Partnership choice.

- \_\_\_ \$10,000 Family Partnership (1 Client, 1 Caregiver, 2 family members)
- \_\_\_ \$5,000 Cruise at Sea Partnership (1 client, 1 caregiver)
- \_\_\_ \$2,500 Client Travel Partnership (1 client)
- \_\_\_ \$1,500 Air Travel Partnership (1 airfare)
- \_\_\_ \$1,000 Ground Transportation Partnership (Accessible Van)
- \_\_\_ \$500 Durable Medical Equipment Partnership (DME Rental)
- \_\_\_ \$100 Sponsor a Ride to Make Dreams Come True

## CONTACT INFORMATION

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## PAYMENT

Check – Payable to: DMAN FOUNDATION Mail along with completed form to:  
DMAN FOUNDATION, 3500 W. Eleven Mile Rd., Ste. C., Berkley, MI 48072

For more information on advertising contact Mary Anne Pacheco  
at 734-775-3433 or email to [MaryAnnePB1M@gmail.com](mailto:MaryAnnePB1M@gmail.com).

Thank you for your support and we look forward to partnering with you in 2025!