



Dear Potential Contributor,

Thank you for considering contributing to the USA Hockey Club of Michigan!  
The USA Hockey Club of Michigan is a non-profit corporation and operated in the State of Michigan. The purpose of the club is as follows:

*To develop and supervise amateur hockey and develop a spirit of sportsmanship and fair play among the players, parents and other members.*

The club administers instructional, house and travel youth ice hockey programs for players from ages 4 to 17. In a typical year about 500 individual players participate.

The club is a volunteer organization. It has been operating as a non-profit corporation in the State of Michigan since 1973. The club is recognized by the Internal Revenue Service as a 501C3 charitable, non-profit organization. The club's home ice is at the Detroit Skating Club (Bloomfield Hills, Michigan).

(\*Please note that the Detroit Skating Club, Inc. is a separate entity from the USA Hockey Club of Michigan.)

As of June 1<sup>st</sup>, 2009, the club's Board of Directors is as follows:

Dan Henzie, President  
Bob Rayfield, Vice President, New Development  
Tod Hartje, Travel Commissioner  
Kathy Tibitoski, Secretary, Registrar, Public Relations & Communications  
Suzanne Dersham, Treasurer  
Wade Spurlin, General Trustee  
Tim Hartmann, House Commissioner  
Fred Moeller, CAP Coordinator  
Dan Nall, Ice Coordinator

The club's address is:

USA Hockey Club of Michigan  
P.O. Box 312 Bloomfield Hills, MI 48303-0312

Financial Statements are available upon request.

Charitable Donations may be mailed to the above address. To ensure proper processing, please complete and include the following two-page contribution form as well as the Contribution Allocation Team Request Form.



Name of donor: \_\_\_\_\_

Address of donor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of contribution: \_\_\_\_\_  
please make checks payable to "USA Hockey Club of Michigan"

Telephone number of donor: \_\_\_\_\_ (optional)

Club-member who solicited donation: \_\_\_\_\_ (optional)

Team (or head Coach) who solicited donation: \_\_\_\_\_ (optional)

Please mail this form and your contribution to the following address:

USA Hockey Club of Michigan  
c/o Suzanne Dersham, Treasurer  
P.O. Box 312  
Bloomfield Hills, MI 48303

248-642-6141

CONTRIBUTION FORM (page 2 of 2)

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Below this line is for Internal use only:

Date Received \_\_\_\_\_

Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

Name on Check: \_\_\_\_\_

Other: \_\_\_\_\_

# USA Hockey Club of Michigan

## CONTRIBUTION ALLOCATION: TEAM REQUEST FORM

Franchise Holder/Head Coach: \_\_\_\_\_

Team name: \_\_\_\_\_

Level (please circle): Mini-mite Mite Squirt Peewee Bantam Midget Junior C

Having played a significant role in soliciting the following donations to the USA Hockey Club of Michigan, I would like to make application to the Board for the above team to use the following funds:

<u>Date of Donation</u>	<u>Name of donor:</u>	<u>Amount donated</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
(attach another sheet, if required )		_____ (subtotal from attached)
total		_____

The funds will be used for the following purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (attach  
another sheet, if required )

**As the team franchise-holder, I understand that, once the Board approves my team's use of the funds, I am responsible to ensure that the funds are utilized as described above and in accordance with the stated purpose of the club as included in the USA Hockey Club of Michigan by-laws. I have a copy of the by-laws and have read and understood them. Furthermore, the funds will be used for the benefit of the whole team - not for the benefit of any specific individual. And, I agree that any deviations from the above-described planned utilization would have to be re-considered and re-approved by the USA Hockey Club of Michigan Board of Directors.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Please print name: \_\_\_\_\_

Mail completed form to:  
USA Hockey Club of Michigan  
Board of Directors  
P.O. Box 312  
Bloomfield Hills, MI 48303-0312

Below this line is for Board use only:

Date Received \_\_\_\_\_

Date Considered: \_\_\_\_\_

Decision: \_\_\_\_\_

Other: \_\_\_\_\_

