

MAC DONATION FORM

Parent__

Professional__

Other__

NAME_____

ADDRESS_____ EMAIL_____

PHONE_____

COMMENT_____

RESOURCE INVENTORY

Note: If you are interested in direct involvement with MAC, please consider filling out the inventory below. It will not be disclosed to any third party but remains solely within the MAC administration.

1. I am a professional who can donate clinical time in the area of _____ for parents unable to afford these services.
2. I am a parent willing to donate baby- sitting services for parents unable to afford/find baby sitters in order to attend school/MAC functions.
3. I can provide translation services in these languages: _____.
4. I can provide driving services for parents on a limited basis.
5. I am a professional who can donate time to be on a data collection team.
6. I can/will organize a preschool/early intervention parent group in my town or region.
7. I can help with fundraising.
8. I am interested in participating in research about:
_____.