



MGM Resorts International Mandatory Contribution Form

MGM Resorts International requires written acknowledgement of this contribution (cash or in-kind). Please complete this form and return to Anne Marie Borries at aborries@beaurivage.com within five (5) business days from the date of receipt. Charitable contributions will not be released until this form has been returned to our office.

Agency Name: Disability Connection EIN: 36-4488806

Mailing Address: 700 Pass Road, Gulfport, MS 39501

Contact Person & Title: Janie O'Keefe, Executive Director

Telephone Number: 228-604-4020 Email: Office@disabilityconnection.org

Demographic Information

Please provide the following demographic information for the people served by your program/agency funded by MGM Resorts International. If you do not track any of the categories below, please mark 100% Unknown. Please use only whole numbers when reporting demographic information.

Ethnicity:

1% Asian / Pacific Islander
39% Black / African American
2% Latino / Hispanic
0% Native American
46% White / Caucasian
12% Multi-ethnic
0% Unknown
100 % Total **Note: Total must equal 100%.**

Gender:

69% Female
31% Male
0% Unknown
100 % Total **Note: Total must equal 100%.**

Sexual Orientation:

% Lesbian / Gay / Bisexual / Transgender
% Heterosexual
100% Unknown
100 % Total **Note: Total must equal 100%.**

Disability:

90% Persons with Disabilities
10% Unknown
100 % Total **Note: Total must equal 100%**

Veterans:

10% Veterans
80% Non-Veterans
10% Unknown
100 % Total **Note: Total must equal 100%**

Type of Contribution Request (select all that apply)

- ☐ Cash
☒ In-kind

Signature: Janie O'Keefe Date: 6/28/18

Title: Executive Director

AMOUNT OF CONTRIBUTION \$750.00 TAX DEDUCTIBLE AMOUNT \$ 750.00
(Value of contribution minus goods/services provided to donor)

FOR OFFICE USE ONLY: RETAIL AMOUNT (FOR IN-KIND ONLY): \$ _____