

PAC Contribution Form

Personal checks only. Please make personal checks payable to Michigan Retailers Association PAC.

YES, I SUPPORT MRA PAC!

ENCLOSED IS MY PERSONAL CONTRIBUTION OF:

☐ \$25 ☐ \$52 "Dollars-a-Week" ☐ \$100 ☐ \$150 ☐ \$250 ☐ \$500 ☐ \$1,000 Other \$ _____

If you wish to make your contribution by credit card, please complete the following information:

Card Type (please circle): Visa MasterCard Discover

Cardholder Name: _____ Donation Amount: \$ _____

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Date: _____

DONATION INFORMATION:

State law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer for each individual whose contributions exceed \$100 in a two-year election cycle.

Print Name _____

Street address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Work Phone _____ Fax _____

E-mail address _____

(Required in order to receive digital publications)

Occupation _____

Employer _____

Employer Address _____

Employer City _____ Employer State _____ Employer Zip _____

Thank you for your continued support of MRA PAC!