



The
Michigan
LEADERSHIP FUND

Enclosed is my contribution of:

- \$5,000 \$2,500 \$1,000 \$500 \$250
 \$100 \$50 \$25 Other \$ _____

Make checks payable to: The Michigan Leadership Fund

*Name _____

*Home Address _____

*Occupation _____ *Name of Employer _____

E-mail _____

Cell Phone _____

*Michigan law requires that every organization collect this information from each individual whose contribution(s) exceed \$100 or more to a committee in a calendar year. No Corporate Checks. Contributions are not federally tax deductible. State tax credits may apply. Check with your tax adviser for more information.

Home Phone _____

CREDIT CARD INFORMATION

Name on Card _____

Card Number _____ Exp. Date ____/____/____

CVV* _____ *For your safety and security, The Michigan Leadership Fund requires that you enter your card's verification number. This is a 3-digit number printed on the back of your card. It appears after and to the right of your card number.

Signature of Cardholder _____

One-Time Charge Amount \$ _____

Monthly Charge Amount \$ _____ Starting ____/____/____ Ending ____/____/____