

Keeping the voice of nursing strong!

NAME _____
FIRST MI LAST

E-MAIL ADDRESS _____

ADDRESS _____

HOME PHONE _____

CITY/STATE/ZIP _____

WORK PHONE _____

EMPLOYER _____

CELL PHONE _____

ONE-TIME CONTRIBUTION TO MNA-PAC

- \$10 \$25 \$50 \$75 \$100
 \$_____ (Indicate alternative one-time contribution)

I wish to make my contribution via **personal check**.

I wish to make my MNA-PAC contribution via a **credit or debit card**.

Visa MasterCard American Express Discover Exp. _____

Card No. _____

Signature _____

Date _____

ONGOING MONTHLY SUPPORT OF MNA-PAC

Check one of the suggested giving levels or indicate your own giving level.

- Gold Level** – \$25/month (\$300/year)
 Blue Level – \$20/month (\$240/year)
 White Level – \$10/month (\$120/year)
 Red Level – \$5/month (\$60/year)

ELECTRONIC FUND TRANSFER – I wish to make my monthly MNA-PAC contributions via **electronic fund transfer** contribution. **I have attached a voided personal check**. By signing this form and enclosing a voided check, I authorize the EFT withdrawal of the specified contribution to MNA-PAC from my personal banking account on or after the 15th of each month.

CREDIT OR DEBIT CARD – I wish to make my monthly MNA-PAC contributions via a **credit or debit card**. By signing this form I authorize MNA to charge the specified contribution to MNA-PAC via a monthly credit/debit card charge on or after the 15th of the month.

Visa MasterCard American Express Discover Exp. _____

Card No. _____

2012 Monthly MNA-PAC Contribution Authorization

Signature for 2012 _____

Date _____

2013 Monthly MNA-PAC Contribution Authorization

Signature for 2013 _____

Date _____

Note: Contributions to the MNA-PAC are not deductible as charitable deductions for Federal tax purposes. Your contribution to the MNA-PAC is a personal contribution, which may be deductible on your Michigan income tax return.

Affirmative Consent to Political Contribution: Section 55(6) of the Michigan Campaign Finance Act provides that a corporation, a joint stock company, a domestic dependent sovereign, or a labor organization “may solicit or obtain contributions for a separate segregated fund established under this section from an individual described in subsection (2), (3), (4), or (5) on an automatic basis, including but not limited to a payroll deduction plan, only if the individual who is contributing to the fund affirmatively consents to the contribution at least once every calendar year.”

**Return this completed form (please include a voided personal check if contributing via electronic fund transfer) to:
Ken Fletcher • Michigan Nurses Association • 2310 Jolly Oak Rd., • Okemos, MI 48864**