

# 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** – \$ \_\_\_\_\_ /month (Identify your own giving level over \$250/year) – (Donor receives MNA PAC Supporter Package – an insulated lunch tote, a small portfolio pad, and a blue stainless steel travel mug)
- Blue Level** – \$20/month (\$240/year) – (Donor receives an insulated lunch tote)
- White Level** – \$10/month (\$120/year) – (Donor receives a small portfolio pad and a blue stainless steel travel mug)
- Red Level** – \$5/month (\$60/year) – (Donor receives a blue stainless steel travel mug)

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.

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. \_\_\_\_\_

### 2009 Monthly MNA-PAC Contribution Authorization

Signature for 2009 \_\_\_\_\_

Date \_\_\_\_\_

### 2010 Monthly MNA-PAC Contribution Authorization

Signature for 2010 \_\_\_\_\_

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**