MAHU PAC

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

☐ **$1,000** ☐ **$500** ☐ **$300** ☐ **$200** ☐ **$100** ☐ **$50** ☐ **$ Other** _____

I PREFER TO SUPPORT MAHU PAC MONTHLY

☐ **I would like to help MAHU PAC effectively budget their funds to maximize their efforts in preserving free market health insurance in Michigan by contributing monthly via automatic credit withdrawal.** (If you are currently contributing via checking or credit card you may also fill this section out if you wish to increase your contribution.)

☐ **Withdrawal from my personal credit card MONTHLY** **$** _____ **monthly amount**

☐ **I would like to make a ONE-TIME credit card contribution** **$** _____ **one-time amount**

Credit Card Type: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Credit Card Number _____ Expiration Date: ____/____

Name as it appears on Card _____

Address as it appears on Card Account _____

BILLING ZIPCODE ☐☐☐☐☐

Signature _____ □ Phone in Date: _____

Please note: Corporate checks and corporate credit cards are prohibited. Only individuals, sole proprietorships, LLCs, and partnerships may contribute to MAHU PAC. Contributions to MAHU PAC are strictly voluntary and not a prerequisite for membership in NAHU or MAHU. Contributions are not deductible as charitable contributions for state or federal income tax purposes.

Please update your phone and e-mail information below.

Business Phone	**( )**	**E-mail**	

PLEASE RETURN COMPLETED FORM TO:

MAHU PAC
124 W. ALLEGAN, SUITE 1700
LANSING, MI 48933
(517) 485-4044