Michigan Pharmacy Foundation Capital Campaign 2010

I/We wish to support the Michigan Pharmacy Foundation Campaign 2010 by making a gift in the amount of:

☐ $250,000 ☐ $100,000 ☐ $50,000 ☐ $25,000 ☐ $10,000

☐ $5,000 ☐ $2,500 ☐ $1,000 ☐ Other:_____

My/Our total gift will be paid as indicated (Check one box):

☐ One-time payment ☐ Pledge over ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 years.

Enclosed is my/our initial pledge installment of $_____

☐ Check payable to MPF ☐ Credit card charged in the amount of $_____

☐ American Express ☐ MasterCard ☐ Visa (Check one box)

Card Number Expiration Date CVV Code

Name on Card

My/Our next pledge installment will be made_____(Month) and _____ (Year) then annually at this designated time each year until my pledge is paid in full.

☐ Please send me a reminder invoice each year.

☐ Please charge my credit card on file each year.

My/Our gift should be acknowledged exactly as listed below:

This gift is: ☐ in honor of ☐ in memory of

PERSONAL INFORMATION

Name

Address City State Zip

Home Phone Cell Phone E-mail Address

Signature Date