



CONTRIBUTION FORM

The Michigan Academy of Family Physicians (MAFP) Family Medicine Political Action Committee (PAC) provides an opportunity for MAFP members, and others who are interested in furthering the goals and objectives of Family Medicine, to collectively support candidates for public office in Michigan who are interested in, and supportive of, issues that serve to uphold the mission of the MAFP. Family Medicine PAC contributions are not deductible as charitable contributions for income tax purposes.

CONTACT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email Address: _____

Please recognize me as a Family Medicine PAC Contributor in all MAFP publications. YES NO

**If no selection is made, you will be recognized as a contributor in all MAFP publications, including MAFP Direct, the MAFP Annual Report to the Membership, and the MAFP website.

CONTRIBUTION



GOLD

Contributions made in the amount of \$500 or more.



SILVER

Contributions made in the amount of \$250 to \$499.



BRONZE

Contributions made in the amount of \$1 to \$249.

I would like to make a donation to the Family Medicine PAC in the amount of \$ _____

PAYMENT INFORMATION

Check payable to: MAFP Foundation MasterCard Visa Discover American Express

**Copies of Family Medicine PAC reports are filed with the Michigan Department of State Bureau of Elections in Lansing, Michigan. If your practice is incorporated, Family Medicine PAC voluntary contribution checks should be written on personal checks. Family Medicine PAC contributions are not deductible as charitable contributions for income tax purposes.

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____ Billing Zip Code: _____

Cardholder Name: _____

Signature: _____

Please mail this form to the Family Medicine PAC at 2164 Commons Parkway, Okemos, MI 48864 or fax it to 517.347.1289. Contributions may also be made over the phone at 517.347.0098 or online at www.MAFP.com.