



Friends of McLaren PAC

**Payment Method:**

Check     Credit Card

Please make checks payable to "Friends of McLaren PAC"

Card Type:

Visa     MasterCard     AMEX

Name on card:

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Card Number:

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Expiration Date:

CVV:

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**Donation Amount:**

For the contribution year 2018-2019, I would like to contribute this amount to McLarenPAC:

\$600 – Cabinet Member

\$300 – Hospital Executive & Corporate Board

\$250 – Corporate/Hospital Director

\$150 – Hospital Board Member

\$50 – Corporate/Hospital Manager

Other Amount: \_\_\_\_\_

Please complete and return to:

Friends of McLaren PAC

P.O. Box 12116

Lansing, Michigan 48901

Paid for by Friends of McLaren PAC  
P.O. Box 12116, Lansing, Michigan 48901



Friends of McLaren PAC

Name:

Date:

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Home Address:

Personal Email:

Personal Telephone:

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Hospital/Corporate Affiliation:

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Business Address:

Occupation:

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Pursuant to the Michigan Campaign Finance Act (MCL 169.201 *et. seq.*), contributors to Friends of McLaren PAC must provide the requested information.

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P.O. Box 12116, Lansing, Michigan 48901