



MICHIGAN PODIATRY ACTION SOCIETY

\$250 \$100 \$50 \$25 other _____

YES, I would like to donate to the MPAS monthly. Please charge my credit card \$ _____ each month.

YES, I want to help. I will pledge \$ _____.

Enclosed is my check today for \$ _____.

Please charge my credit card for \$ _____.

Visa MasterCard American Express

Credit Card # _____ Exp Date _____

Cardholder Name _____ Signature _____

All PERSONAL checks should be made payable to:

Michigan Podiatry Action Society

Send to MPAS | 1000 W St Joseph Hwy, Ste 200 | Lansing, MI 48915

NO CORPORATE CHECKS PLEASE. Your personal, sole proprietorship or partnership checks are welcome. (Please indicate how the contribution should be allocated among the partners.)

Michigan State Election Law requires the following information:

Name _____

Address _____

Principal Place of Business _____

Position/Job Title _____

Area Code & Phone _____