



# MICHIGAN PODIATRY ACTION SOCIETY

\$500.00    \$250.00    \$150.00    \$50.00    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 \$ \_\_\_\_\_.

Please charge my personal credit card for \$ \_\_\_\_\_.

Visa       MasterCard       American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**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.)

Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Home City/State/Zip Code: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

Employer City/State/Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Area Code & Phone: \_\_\_\_\_