

Mackinac Associates Donation Form

I wish to make a tax deductible donation through Mackinac Associates to support the programs of Mackinac State Historic Parks.

Name as I wish it to be acknowledged

Street Address

City

State Zip

Phone/Day

Phone/Evening

Email

Donation Categories

I wish to make an *unrestricted* donation to Mackinac Associates to support various MSHP programs and projects.

\$50 \$100 \$250 \$500 \$1,000 Other \$

I wish to make a *restricted* donation to a particular MSHP program or project. Please designate the name of the program or project:

\$50 \$100 \$250 \$500 \$1,000 Other \$

I wish to make a *restricted* donation to one of the following funds or endowments:

- Mackinac Associates Education Endowment Fund
- Samuel Bayard Poole Memorial Publication Fund
- Jahn Collections Acquisition Fund
- Scout Barracks Preservation Fund

\$50 \$100 \$250 \$500 \$1,000 Other \$

Total Enclosed _____

Make checks payable to “**Mackinac Associates.**” If paying by credit card, please provide the following information:

Visa Mastercard Discover

Credit Card Number

Expiration Date

Signature _____ Date

My company, _____, will match my gift to Mackinac Associates. I am enclosing my company’s matching gift form.

Mail this form and your donation to: Mackinac Associates
P.O. Box 567
Mackinaw City, MI 49701

For additional information call: (231)436-4100 or email: dombroskid1@michigan.gov