

Email: walkm1@michigan.gov

Legacy Society

If you have included Mackinac Associates in your will or estate plans, please let us know so that we can properly thank you and ensure you receive the benefits associated with the Legacy Society. Thank you for including Mackinac Associates in your estate plans. To help us acknowledge your gift properly, please provide the following information.

Name (s)		
Street Address		
City	State	Zip
Phone (Home)	Phone (Cell) _	
Email		
I/We have made arrangements for a gift to	Mackinac Associate	es through:
Bequest in a will Trust Revocable Irrevoca Gift annuity Life insurance policy Retirement plan assets Other:		
Please specify how you would like your nam	ne to appear in Lega	acy Society listings:
Mackinac Associates may list my/our nar	me(s) as follows:	
☐ I/we prefer to remain anonymous. Pleas	se do not list my/ou	r name.
Deferred giving is a very personal and privariand affect fulfillment of philanthropic intenphilanthropy.		,
Return this form to:		
Mackinac Associates PO Box 567 Mackinaw City, MI 49701		