



# MAHU PAC

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

\$1,000    \$500    \$300    \$200    \$100    \$50    \$ Other \_\_\_\_\_

**I PREFER TO SUPPORT MAHU PAC MONTHLY**

**I would like to help MAHU PAC effectively budget their funds to maximize their efforts in preserving free market health insurance in Michigan by contributing monthly via automatic credit withdrawal.**  
(If you are currently contributing via checking or credit card you may also fill this section out if you wish to increase your contribution.)

**Withdrawal from my personal credit card MONTHLY**      \$ \_\_\_\_\_ **monthly amount**

**I would like to make a ONE-TIME credit card contribution**      \$ \_\_\_\_\_ **one-time amount**

Credit Card Type:     Visa                 Master Card                 Discover                 American Express

Credit Card Number \_\_\_\_\_                                  Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on Card \_\_\_\_\_

Address as it appears on Card Account \_\_\_\_\_  
BILLING ZIPCODE

Signature \_\_\_\_\_                                   Phone in Date: \_\_\_\_\_

Please note: Corporate checks and corporate credit cards are prohibited. Only individuals, sole proprietorships, LLCs, and partnerships may contribute to MAHU PAC. Contributions to MAHU PAC are strictly voluntary and not a prerequisite for membership in NAHU or MAHU. Contributions are not deductible as charitable contributions for state or federal income tax purposes.

Please update your phone and e-mail information below.

<b>Business Phone</b>	(       )	<b>E-mail</b>	
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PLEASE RETURN COMPLETED FORM TO:

MAHU PAC  
124 W. ALLEGAN, SUITE 1700  
LANSING, MI 48933  
(517) 485-4044