



# MICHIGAN PHARMACY FOUNDATION

## MICHIGAN PHARMACY FOUNDATION DONATION FORM

Making a gift to Michigan Pharmacy Foundation (MPF) will support the advancement of the profession of pharmacy, provide scholarships to future pharmacy professionals, and develop leadership and business training opportunities for current practitioners so that they will be successful in their practice. Please complete the form below to make a contribution to the Foundation. All donations are tax-deductible (Tax ID #38-3122918)

### Personal Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

Home address: Number and street: \_\_\_\_\_

Apt., suite or building: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ County: \_\_\_\_\_

### Donation Information

I would like to make a contribution to MPF in the amount of: \$ \_\_\_\_\_

This gift is:  in honor of: \_\_\_\_\_  in memory of: \_\_\_\_\_

### Payment Information

Billing address (if different than home address listed above)

Number and street: \_\_\_\_\_

Apt., suite or building: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ County: \_\_\_\_\_

### Payment method

Check payable to MPF enclosed    **Credit card:**  Visa    MasterCard    American Express

Credit card number: \_\_\_\_\_

Security/CVV code: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please return this donation form to Michigan Pharmacy Foundation, 408 Kalamazoo Plaza,  
Lansing, MI 48933; or fax (credit card payment only) to (517) 484-4893.*