



Mackinac Island
community foundation

Donation Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

This information allows us to send updates regarding the Foundation, including news, events, and our Annual Report.

Please find enclosed my gift of:

\$50 **\$100** **\$300** **\$500** **\$1,000** **OTHER:**

To be placed in a specific fund: _____

To be placed in the Island Community Needs Fund (Unrestricted).

Make check payable to Mackinac Island Community Foundation.

Bill my Credit Card **Visa** **MasterCard** **AmEx** **Discover**

Name as it appears on Card _____

Card Number _____

Expiration Date _____ CVV _____ **Signature** _____

In Honor of _____ In Memory of _____

I would like information on Planned Giving at MICF. I would like information on establishing a fund.