



## DONATION FORM

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

Mr.     Mrs.     Ms.     Dr.     Other \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Email \_\_\_\_\_

I wish to make an unrestricted donation to Mackinac Associates in support of Mackinac State Park Historic Programs.

\$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
- Archeology Fund
- Mackinac Island Native American Museum at the Biddle House
- Other \_\_\_\_\_

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

**Total Enclosed** \_\_\_\_\_

Check Enclosed *Payable to Mackinac Associates*

Credit Card

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

My company will match my gift. 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 contact: (231) 436-4100 or [walkm1@michigan.gov](mailto:walkm1@michigan.gov)