



DONATION FORM

DATE: _____

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 Fund
- Samuel Bayard Poole Memorial Publication Fund
- Jahn Collections Acquisition Fund
- Scout Barracks Preservation Fund
- Archeology Fund
- Other _____

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

Total Enclosed _____

This gift is in honor of _____
 in memory of _____

Check Enclosed *Payable to Mackinac Associates* Credit Card

Card Number _____ Exp. Date _____ CVV Code _____

Cardholder Name _____ Signature _____

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