



DONATION FORM

Date: _____ Donation Amount: \$ _____ One-Time ☐ Monthly ☐

Organization/Company Name: _____

Title / Rank: _____ Name: _____

Address: _____

Email: _____ Phone Number: _____

☐ In Support Of an Event: _____

☐ In Memory Of ☐ In Honor Of _____
Name of Person: In Memory (Deceased) or In Honor (Living)

Please send acknowledgement card "In Memory Of" or "In Honor Of" to:

(Name of Person "In Memory Of"/ "In Honor Of" card should be mailed to)

Address: _____

☐ Please include me on your e-newsletter distribution list.

Please complete, print and return this form to:

Attn: Foundation Treasurer
 12100 Lake Road
 Montrose, MI 48457

Please make checks payable to the following:

Marine Corps League
Department Of Michigan Foundation

*If you're donating to one of our specific projects,
 please add that to the Memo section of the check.*