




Yes, I want to join MI List with a gift of:
 \$500 \$250 \$100 Other \$ _____

My payment will be in the form of:
 Check Payable to MI List Credit Card   
Card # _____ Exp. _____
Signature _____

This contribution is made ___ in Memory or ___ in Honor of:
Name _____
Address _____
 Please display this tribute on the MI List web site.
 Please send an acknowledgement of my donation to:
Name _____
Address _____

Count me in!

Giving Levels:	
\$10,000+	Anchor
\$ 5,000	Champion
\$ 2500	Defender
\$ 1000	Partner
\$ 500	Stalwart
\$ 250	Foundation

Name _____
Street Address _____
City _____ State _____ Zip _____
Phone Number () _____
Email Address _____
The following information is required by law for cumulative donations over \$100.
Occupation _____
Employer _____
Employer's Complete Address _____