



MEDPAC – Key to Emergency Medicine’s Future

6647 West St. Joseph Highway, Lansing, Michigan 48917

Donation Form

One Time Donation

\$1,000 Gold VIP **\$750 Sterling VIP** **\$500 Bronze VIP** **\$250 VIP** **Other \$**_____

Reoccurring Donation

Total of \$_____ split over:

Monthly Payment of \$_____ for:

- 3 Months
- 6 Months
- 9 Months
- 12 Months
- Quarterly

- 3 Months
- 6 Months
- 9 Months
- 12 Months
- Quarterly

*Billing date will match processing date. Ex: \$25/month for 12 months is processed on June 3rd, billing date 1 is June 3rd, billing date 2 is July 3rd, billing date 3 is August 3rd, etc. Quarterly payments will be billed 4 times in 3-month increments starting with the month payment is processed.

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer Information (needed for donation reporting):

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Link to Pay ___ Check Enclosed ___ VISA ___ MC ___ AMEX # _____

Exp: _____ Sec. Code: _____ Zip Code: _____

Signature: _____

Please email completed form to Allie Perttunen at alliep@mcep.org as well as any questions. If you would like to set up a payment option not outlined above, we are happy to assist in any way we can.