

# MCULAF CASUAL DAY FUNDRAISING REMITTANCE FORM

To ensure that all the necessary information is provided, this form must be completed and mailed with the proceeds from your MCULAF Casual Day fundraising activity. (Copy form as needed or attach a separate sheet with required info.)

CU NAME: \_\_\_\_\_ CHAPTER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT. \_\_\_\_\_

Please send your completed form along with money in the form of a personal check/share draft, money order, or cashier's check made payable to "MCULAF" (state PAC). Please note a corporate check from a credit union is prohibited.

## PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION.

Please check method of payment:

Cashier's Check

Money Order

Personal Check

Total Amount Remitting: \$ \_\_\_\_\_

Location of fundraiser: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

When was the fundraiser? \_\_\_\_\_  
(Time period/date money was raised-from beginning to end.)

State law requires us to collect and report the name/address/occupation/name of employer of each individual whose contribution(s) exceeds the current reporting threshold of **\$0.00** for MCULAF (state PAC). Please provide this information below. Use separate sheet if necessary.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Credit Union (if not a member at your CU): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Contribution Amount: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward all contributions and forms to:**

MCULAF  
ATTN: Accounting Dept.  
P.O. Box 8054  
Plymouth, MI 48170

(If you have questions, please call MCUL Gov. Affairs staff at 800/262-6285.)

**MCULAF CASUAL DAY— FUNDRAISING REMITTANCE FORM** (COPY FORM AS NEEDED)  
**REPORTING INFORMATION** -(Page # \_\_\_\_ of # \_\_\_\_ for \_\_\_\_\_ CU)

**REQUIRED INFO:** State law requires us to collect and report the name/address/occupation/name of employer of each individual whose contribution(s) exceeds the current reporting threshold of \$0.00 for MCULAF (state PAC). Please provide this information below or on separate sheet.

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Credit Union (if not a member at your CU): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Contribution Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Credit Union (if not a member at your CU): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Contribution Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Credit Union (if not a member at your CU): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Contribution Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Credit Union (if not a member at your CU): \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Contribution Amount: \_\_\_\_\_ Date: \_\_\_\_\_

(Send completed form along with money in the form of a personal check, money order, or cashier's check made payable to "MCULAF" (state PAC) to: Accounting Dept. - MCULAF, P.O. Box 8054, Plymouth, MI 48170. Please note a corporate check from a credit union is prohibited.)