

**MCULLAF (federal PAC) FUNDRAISING REMITTANCE FORM**

To ensure that all the necessary information is collected, this form must be completed and mailed with the proceeds from your MCULLAF fundraising activity. Please complete a separate form for each fundraiser. (Photo copy form as needed.) **The proceeds must be sent in the form of a money order, cashier's check, or personal check made payable to "MCULLAF" (federal PAC). Please note a corporate check from a credit union is prohibited.**

**CU/CHAPTER RECEIVING CREDIT:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EXT.** \_\_\_\_\_

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

**Please check method of payment:**

Cashier's Check

Money Order

Personal Check

**Fundraising Activity:**

- Casual Days
- Member Donations
- Deduct-a-Buck
- Grand Raffle

**Fundraiser Information:**

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

Location: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ (Use your best effort to determine.)

When was the fundraiser? \_\_\_\_\_

(Time period/date money was raised-from beginning to end.)

Federal and state laws require us to use our best effort to collect and report the name/address/ occupation/name of employer of each individual that: gave a personal contribution to MCULLAF at or exceeding the \$50.00 reporting thresholds, gave a reimbursement to the supporting institution, or received a cash or item prize from a MCULLAF fundraiser. If applicable, please provide this information below. Use separate sheet if necessary. 11 CFR 102.8 requires remittance of small-dollar contributions (less than \$50) within 30 days of receipt.

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

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Amount: \_\_\_\_\_

If proceeds are to be remitted to MCULLAF (federal PAC), Federal law requires each participating credit union to have a signed permission agreement on file at the MCUL for each calendar year. By signing below, you confirm that your credit union has a federal PAC signed permission agreement authorizing solicitation on file with the MCUL for this year. If you are unsure or to inquire about the MCULLAF Permission Agreement, please call Government Affairs staff at (800) 262-6285.

\$ \_\_\_\_\_ Date of Receipt: \_\_\_\_\_ (Attach list if necessary)

11 CFR 102.9(a)(4) requires MCULLAF to maintain either a full-size photocopy or digital image of each check or written instrument by which a contribution in excess of \$50 is made.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Person filling out form)

**Mail to: Accounting Dept. – MCULLAF, P.O. Box 8054, Plymouth, MI 48170-8054 (If you have questions, please call Gov. Affairs staff at 800/262-6285.)**