

**MCULAF (state PAC) FUNDRAISING
REMITTANCE FORM**

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

REPORTING INFORMATION for _____ CU or Chapter for
_____ fundraiser held on _____.
(insert type of fundraiser, i.e., casual days, etc.) (insert date)

Please check method of payment:		
<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check

REQUIRED INFO: State law requires us to collect and report the name/address/occupation/name of employer and credit union 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: _____ Amount: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Credit Union (if not a member at your CU): _____
Place of Employment: _____ Occupation: _____

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

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.