



Friends of McLaren PAC

Name:

Date:

Home Address:

Personal Email:

Personal Telephone:

Hospital/Corporate Affiliation:

Business Address:

Occupation:

Pursuant to the Michigan Campaign Finance Act (MCL 169.201 *et. seq.*), contributors to Friends of McLaren PAC must provide the requested information.

Paid for by Friends of McLaren PAC
1731 Blue Grass Rd., Lansing, MI 48906



Payment Method:

Check Credit Card

Please make checks payable to "Friends of McLaren PAC"

Card Type:

Visa MasterCard AMEX

Name on card:

Card Number:

Expiration Date:

CVV:

Donation Amount:

For the contribution year 2025-2026, I would like to contribute this amount to McLarenPAC:

- \$1,000 – Cabinet Member
- \$700 – Corporate Board
- \$700 – Hospital Executive
- \$350 – Corporate/Hospital Director
- \$250 – Hospital Board Member
- \$50 – Corporate/Hospital Manager
- Other Amount: _____

Please complete and return to:

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Lansing, MI 48906