

# Michigan Dairy Memorial and Scholarship Foundation Contribution Form



I/we wish to support the Michigan Dairy Memorial and Scholarship Foundation in the amount of \$\_\_\_\_\_.

If applicable, please indicate if this gift is being made in honor or memory of:

Name\_\_\_\_\_

Address\_\_\_\_\_

City/state/zip\_\_\_\_\_

My/Our total gift will be paid as indicated:

\_\_\_ Check payable to Michigan State University

\_\_\_ A credit card charge to (check one):

\_\_\_ MasterCard \_\_\_ Visa

Card number:\_\_\_\_\_

Expiration date:\_\_\_\_\_

Name on card:\_\_\_\_\_

\_\_\_ Pledge of the following duration\_\_\_\_\_ (*maximum of five years*)

Enclosed is my first payment of \$\_\_\_\_\_

Please send reminders (check one):

\_\_\_ Quarterly \_\_\_ Semi-annually \_\_\_ Annually

\_\_\_ The gift is joint with my spouse (name):\_\_\_\_\_

\_\_\_ Matching gift company:\_\_\_\_\_

Personal Information:

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_\_

Business telephone: (\_\_\_\_\_)\_\_\_\_\_

Home telephone: (\_\_\_\_\_)\_\_\_\_\_

E-mail\_\_\_\_\_

Please mail form to:

Dr. Miriam Weber Nielsen  
Michigan Dairy Memorial & Scholarship Foundation  
Department of Animal Science, Michigan State University  
Anthony Hall Room 2265j  
474 S Shaw Ln  
East Lansing, MI 48824

Allocation Code: A10901