



Please return to:
 Michigan 4-H Foundation
 446 West Circle Dr., Room 160
 East Lansing, MI 48824
 Phone: (517) 353-6692
 FAX: (517) 355-6748
 Email: info@mi4hfdtn.org
 Web: www.mi4hfdtn.org



Gifts to the Michigan 4-H Foundation can also be made in the form of appreciated stock and other appreciated securities, charitable gift annuities, life insurance or retirement funds, bequests and in-kind gifts. Please contact the Michigan 4-H Foundation at (517) 353-6692 for instructions on making non-cash gifts. It is recommended that you consult with your tax adviser or attorney as well as with a Michigan 4-H Foundation representative before making a non-cash gift to verify that your intention can be met.

The Michigan 4-H Foundation, a public foundation headquartered in East Lansing, Michigan, USA, receives charitable contributions and special grants for the development and support of 4-H youth programs in Michigan. The foundation is licensed to solicit charitable gifts by the state of Michigan. (MICS 2751)

4-H GIFT FORM

Yes, I would like to help 4-H GROW!

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ ZIP _____

Phone (_____) _____ Email _____

I prefer to receive the Vantage newsletter via: US Mail E-mail

4-H affiliation: 4-H alumnus 4-H volunteer 4-H member 4-H friend
 4-H parent 4-H staff member

County of 4-H involvement (include state, if not Michigan) _____

GIFT INFORMATION

Enclosed is a gift for:

- 4-H's area of greatest need.
- Kettunen Center.
- Michigan 4-H Children's Gardens.
- _____ County 4-H youth program.

In the amount of:

\$25 \$50 \$100 \$250 \$500 \$1,000 \$ _____

My gift is being paid by:

- Check No. _____ Make checks payable to Michigan 4-H Foundation.
- Credit or debit card. Check one: MasterCard® Visa® Discover® American Express®
 Name (as it appears on card) _____
 Credit Card No. _____
 Expiration Date (mm/yy) _____
 Signature _____

Stock, Property, Other _____

I am employed by a matching gift company and have enclosed the form for this purpose.

PLEDGE

I would like to pledge an additional \$ _____ payable in equal amounts over the next _____ (up to 5) years.

- Annually. Please bill me.
- Quarterly. Please bill me.
- Monthly using automatic bank transfer from my checking account. For this option, please also complete the automatic bank transfer form (PDF) found online at <http://www.mi4hfdtn.org/forms/AFTform.pdf>.

Donor Signature _____