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DONATION FORM

PERSONAL INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ E-Mail _____

BILLING INFORMATION

My Billing Information is the same as my Personal Information.

First Name _____ Last Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ E-Mail _____

CHECK INFORMATION

Check Number _____

CREDIT CARD INFORMATION

Name on Card _____

Credit Card Number _____ Expiration ____ / ____ CVV _____

Amount (USD): \$2,500 \$1,000 \$250 \$100 \$50 Other: \$ _____

DESIGNATE YOUR DONATION

In Honor of: _____ In Memory of: _____

Please send your donation with the completed form (no cash please) to: Michigan Youth Education Fund | Attn: Donor Relations | PO Box 930206, Wixom, MI 48393

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