



I/we wish to support the Michigan Dairy Memorial and Scholarship Foundation by making a gift 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:

Miriam Weber Nielsen
Michigan Dairy Memorial & Scholarship Foundation
Michigan State University
1250 Anthony Hall
East Lansing, MI 48824

Allocation Code: A10901