

**LLC Donation Form:**

This is for Limited Liability Companies, no corporate checks permitted under Michigan Law

TOTAL CHECK AMOUNT:

\$

Please list each partner and the percent attributed (must equal total check)

\* please feel free to use more forms if necessary. Return form(s) with contribution

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

% Attributed

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

% Attributed

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

% Attributed

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

% Attributed

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

% Attributed

RETURN FORM AND CONTRIBUTION TO:  
**MASA PAC**  
**124 W. ALLEGAN, SUITE 1700**  
**LANSING, MI 48933**