

MICHIGAN LAW ENFORCEMENT OFFICERS MEMORIAL MONUMENT FUND DONATION FORM

A memorial honoring law enforcement officers who died making Michigan a better, safer place to live...



Name: _____

Address 1: _____

Address 2: _____

City: _____

State / Zip: _____

Phone Number: _____

Email Address: _____

Name of Credit Card: _____

Credit Card Account Number: _____

Expiration Date: mm/yy: _____

Donation Amount: _____

Donation in Memory of: _____

Frequency of Donation: Monthly
 Bi-Monthly
 Quarterly
 Semi-Annually
 One Time

Start of Donation: _____

End of Donation: _____

Signature: _____

Date: _____



- Donations will be processed on the 15th of each month (or the first business day after, should the 15th fall on Saturday, Sunday or holiday).
- Quarterly donations will be processed the months of March, June, September and December.

Please Send Completed Form To:

**Michigan Department of Management and Budget
 Financial Services, Cashiering Unit
 P.O. Box 30681
 Lansing MI 48909-8181**

Or Fax Completed Form To: 1-517-373-1071

