

MCULAF (state PAC) FUNDRAISING REMITTANCE FORM

To ensure that all the necessary information is collected, this form must be completed and mailed with the proceeds from your MCULAF fundraising activity. Please complete a separate form for each fundraiser. (Photo copy form as needed.) **The proceeds must be sent in the form of a money order, cashier's check, or personal check made payable to "MCULAF" (state PAC). Please note a corporate check from a credit union is prohibited.**

CU/CHAPTER RECEIVING CREDIT: _____

CONTACT PERSON: _____

PHONE: _____ **EXT.** _____

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Please check method of payment:		
<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check

Fundraising Activity:

- Casual Days
- Member Donations
- Deduct-a-Buck
- Grand Raffle

Fundraiser Information:

Total Amount Raised: \$ _____ Amount Remitting: \$ _____

Location: _____

Number of Participants: _____ (Use your best effort to determine.)

When was the fundraiser? _____

(Time period/date money was raised-from beginning to end.)

Federal and state laws require us to use our best effort to collect and report the name/address/ occupation/name of employer of each individual that: gave a personal contribution to MCULAF at or exceeding the \$50.00 reporting thresholds, gave a reimbursement to the supporting institution, or received a cash or item prize from a MCULAF fundraiser. If applicable, please provide this information below. Use separate sheet if necessary. 11 CFR 102.8 requires remittance of small-dollar contributions (less than \$50) within 30 days of receipt.

Name: _____ Address: _____

City: _____ State _____ Zip Code: _____

Occupation: _____ Employer: _____ Amount: _____

If proceeds are to be remitted to MCULAF (state PAC), State law requires each participating credit union to have a signed permission agreement on file at the MCUL for each calendar year. By signing below, you confirm that your credit union has a state PAC signed permission agreement authorizing solicitation on file with the MCUL for this year. If you are unsure or to inquire about the MCULAF Permission Agreement, please call Government Affairs staff at (800) 262-6285.

\$ _____ Date of Receipt: _____ (Attach list if necessary)

11 CFR 102.9(a)(4) requires MCULAF to maintain either a full-size photocopy or digital image of each check or written instrument by which a contribution in excess of \$50 is made.

SIGNATURE: _____ DATE: _____

(Person filling out form)

Mail to: Accounting Dept. – MCULAF, 110 W. Michigan Ave., Ste. 100, Lansing, MI 48933 (If you have questions, please call Gov. Affairs staff at 800-262-6285.)