



Friends of MTA

I wish to contribute \$ _____

Payment Method

(Please note that FMTA can only accept PERSONAL contributions and cannot accept township funds.)

Cash enclosed

(Maximum \$20 may be accepted.)

Check # _____ enclosed

(Please make payable to Friends of MTA.)

Credit Card Charge

One-Time Charge

Quarterly Charge for ____ quarters

(I authorize quarterly payments via my credit card below.)

Contact Info

Name _____

Position _____

Township _____

County _____

Mailing Street Address _____

City _____ Zip _____

Phone _____

Email _____

VISA or Mastercard

Card # _____

Exp. ____/____ CVV _____

Name as Printed on Card: _____

Cardholder's Signature _____

Credit Card Info

**Thank you
for your
support!**

**Mail contributions to:
Friends of MTA
PO Box 80078
Lansing, MI 48908-0078**