



Offline Donation Form

Participant Information:

Participant Name (if applicable): _____

Team Name (if applicable): _____

Please indicate your donation amount below:

\$500 \$250 \$100 \$50 \$25 Other Amount: _____

**Please make your checks payable to:
MSU Gran Fondo**

Donor Information:

Name: _____

Address: _____

City: _____ State/Zip Code: _____

Phone Number: _____ Email Address: _____

Thank you so much for your contribution!

Please mail this completed form, along with your check to the address listed below.
Please notify the participant that you are making a contribution on their behalf.

MSU College of Human Medicine
Attn: Ellen Harburn
15 Michigan St NE
Grand Rapids, MI 49503

All donations are tax-deductible to the extent allowed by law. Our tax ID number is 38-6005984