

My contribution to the MDA Institute

_____ A donation of \$_____ is enclosed*

_____ A pledge of \$_____ will be paid as follows: _____

_____ Unrestricted donation _____ Restricted donation

Name: _____

Affiliation: _____ **MDA Member?** _____ **Yes** _____ **No**

Address: _____

Phone: _____

Return to: Michigan Dietetic Association Institute
4990 Northwind Drive, Suite 140, East Lansing, MI 48823-5031

***Make checks payable to the MDA Institute**