

for each day of the meeting. Additional lunches may be purchased for other guests. *

* _____ lunches @ \$18.00 each _____

Additional Donations/Sponsorships _____

TOTAL ENCLOSED _____

Please complete this form and mail to:

MABB
c/o Terry Downs
1701 Saunders Crescent
Ann Arbor, MI 48103

mabbofficemanager@gmail.com

Make checks payable to : **Michigan Association of Blood Banks.**

To pay by credit card, please fill out **all** of the fields below. If paying by credit card you may fax this form to Terry Downs @734-936-6855

Name on card _____

Billing address of credit card holder _____

City _____ State _____ Zip _____

Credit Card Number _____

Expiration Date _____ Credit Card Type (Visa, MC, or Discover) _____

CVC Number (MANDATORY) _____

This is the 3-4 digit code on the back of your credit card. We CANNOT process your request without it.

Signature _____