Order Your Donate Life Fundraising License Plate Today!

CLEAR FORM

To replace a valid license plate with a Donate Life plate, or to purchase a collector version, fill out this application. When you purchase a Donate Life plate, $25 of the $35 purchase fee is given to the special cause. For an additional prorated fee, your plate may be personalized. Check for the availability of a personalized plate using Plate it Your Way. Personalized plates may only be ordered at a Secretary of State office. Your new plate will arrive by mail within 21 - 30 days. Note: A $10 fee is added to your vehicle registration fee when renewing a fundraising plate. The university or special cause receives the $10.

To Purchase by MAIL:

Complete the order form below. If paying by check or money order, make payable to **State of Michigan**. If paying by Discover, MasterCard or Visa credit card, complete the credit card section below. Mail the completed application along with payment to: **Michigan Department of State, Renewal By Mail Unit, Lansing, MI 48918.**

To Purchase by FAX:

If purchasing by fax, you must pay by credit card. Fax the completed application to: **517-322-6822, 24 hours a day/7 days a week.**

Donate Life Collector Plates

When you purchase a collector plate for $35, the special cause or university receives $25. Collector plates are for **display purposes only — not for vehicle registration**. Each collector plate includes the word "SAMPL," the special cause or university logo and name. Collector plates cannot be personalized. To order by mail or fax, complete this form, making sure to include your address.

SPECIAL CAUSE LICENSE PLATE ORDER FORM

Name: _____

Daytime Telephone Number: _____

Current Plate Number(s)	Special Cause Code	Current Plate Number(s)	Special Cause Code
_____	**DLP**	_____	**DLP**
_____	**DLP**	_____	**DLP**

	Special Cause License Plate(s) Quantity
	Collector License Plate(s) Quantity
0	X **$35** =
0	**TOTAL DUE**

Complete this section if purchasing Collector License Plate(s) ONLY

Street Address _____ City _____ State _____ ZIP _____

My payment is by (select one):

☐ Discover ☐ MasterCard ☐ Visa ☐ Check (enclosed) ☐ Money Order (enclosed)

Credit Card Number **Credit Card Expiration Date** **Enter TOTAL FEES here**

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ — ☐☐☐☐ $ 0.00

My signature below authorizes the Michigan Department of State to charge my account.

Please **SIGN** your name **x** _____

Please **PRINT** your name **x** _____

Secretary of State
Ruth Johnson
www.Michigan.gov/sos