

THE MASSACHUSETTS MEDICAL
BENEVOLENT SOCIETY

Membership Dues

Yes! I would like to become a member of the Massachusetts Medical Benevolent Society.

Enclosed is my tax-deductible contribution.

- Benefactor (\$2,000 or more)
- Life Member (\$500)
- Sustaining Member (\$50)
- Contributor (any amount)

Please complete the following information:

Name: _____

Address: _____

City, State, Zip: _____

This gift is made:

- In memory of: _____
- In honor of: _____

Please send notice of this donation to:

Please return this form and your contribution to the address below.