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 the donation to:
__________________________________________________________________________________
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__________________________________________________________________________________

Return this form with your contribution to the following address:
Massachusetts Medical Benevolent Society
860 Winter Street
Waltham, MA 02451-1411

For more information contact Jennifer Day, Administrator
jday@mms.org or (781) 434-7809

860 Winter Street, Waltham, Massachusetts 02451-1414

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