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 memoriam of: _____

☐ In honor of: _____

Please send notice of this donation to:

_____

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Please return this form and your contribution to the address below, or to contribute with a credit card, visit our webpage, or scan the QR with your mobile device.

860 Winter Street, Waltham, Massachusetts 02451-1411