



Massachusetts Medical Society and Alliance Charitable Foundation

860 Winter Street, Waltham, MA 02451-1411 www.mmsfoundation.org

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Contribution Form

Fiscal Year: June 1 thru May 31

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Yes, I/we would like to support the Massachusetts Medical Society and Alliance Charitable Foundation and its mission. Enclosed is my/our tax-deductible contribution.

- Contributor level checkboxes: Visionary, Humanitarian, Benefactor, Leader, Patron, Friend.

Payment/Pledge Information

- Payment method checkboxes: Amount, full amount enclosed, monthly/quarterly installments, Check #, Credit Card #, AMEX, Visa, MasterCard, Exp. Date.

Donor Recognition

- Donor recognition checkboxes: I/we authorize the Foundation to list my/our name as a contributor... I/we do not wish my/our names(s) to appear in donor listings.

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- Gift occasion checkboxes: In memory of, In honor of, On the occasion of

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Thank you for your generous support.

The Foundation is a 501(c) (3) charitable organization. A written acknowledgement of your contribution will be provided to you.