

## 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

