

HEALTH CARE FOR MASSACHUSETTS CAMPAIGN

649 Massachusetts Avenue, Suite 8 ♦ Cambridge, MA 02139 ♦ (617) 868-1280

Personal Contribution Form

Enclosed is my contribution payable to:
The Committee for Health Care for Massachusetts

In the amount of: ___\$25___\$50___\$100___\$250___Other

I understand that my contribution will be reported in the Campaign's finance reports in accordance with Massachusetts law.

First Name

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Street Address

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Occupation

Employer

NOTE: There is no limit to the amount that an individual or an organization can contribute to a Ballot Question Committee. Contributions are not tax-deductible.

Please mail this completed form with contribution to:

Health Care for Massachusetts Campaign
649 Massachusetts Avenue, Suite 8
Cambridge, MA 02139

Please make checks payable to:
The Committee for Health Care for Massachusetts

THANK YOU FOR YOUR SUPPORT!

www.HealthCareForMass.org

Fax: (617) 868-1665

Paid for by The Health Care for Massachusetts Campaign
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