

HEALTH CARE FOR MASSACHUSETTS CAMPAIGN

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

Personal Contribution Form

Yes, I want to support the advancement of the ballot initiative to adopt a Constitutional amendment that would assure that no Massachusetts resident lacks affordable, comprehensive and equitably financed health insurance

Enclosed please find \$_____, payable to **The Committee for Health Care for Massachusetts.**

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

First Name

Last Name

Street Address

City / State / Zip

Occupation

Employer

Thank you so much for your contribution. Every dollar goes to making the state's residents healthier by making health insurance more affordable and improving the quality of care for everyone.

NOTE: There is no limit to the amount that can be contributed by an organization to a ballot question committee.

Please mail this completed form with payment 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

www.healthcareformass.org