



Yes, I want to support the humanities in Massachusetts.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

GIFT DESIGNATION

- Please do not restrict my gift.
- Please restrict my gift to the following program:
 - The Clemente Course
 - Family Adventures in Reading
 - Grant making
 - Literature & Medicine*
 - Mass History Fund
 - New Communities Endowment Fund

GIFT METHOD

- Payment of \$_____ is enclosed. Make check payable to the *Mass Humanities*.
- Credit Card (check one) Mastercard Visa American Express
 - Please charge my credit card \$ _____ for a one time donation.
 - Please continue charging my credit card \$_____ on a monthly basis until I tell you to stop.
 - Please charge my credit card \$ _____ on a monthly basis for ____ (#) of months totaling a gift of \$_____.

Name on Card _____

Acct Number _____ Exp Date _____

Security Code _____

Credit Card billing address if different from above:

Signature _____ Date ____/____/____