



Yes, I want to contribute to the Mass History Fund.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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 ____/____/____

I would like my gift to be in honor of in memory of:

Sponsor Name for the Mass History Conference program and web page:
