



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
- ☐ ☐ Expand Massachusetts Stories
- ☐ ☐ Reading Frederick Douglass Together
- ☐ ☐ Museum on Main Street

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 ____/____/____