



MASSACHUSETTS PUBLIC HEALTH ASSOCIATION
Working for a Healthy Massachusetts

Yes! I want to support MPHA's work to protect and promote the health of children, families, and communities across the Commonwealth!

I WOULD LIKE TO MAKE A ONE-TIME MONTHLY CONTRIBUTION OF:

\$50 \$100 \$250 \$500 Other _____

I will mail my check, made payable to **MPHA**, to the MPHA office.

I prefer to charge my contribution to my: Visa MasterCard

Credit Card #

Exp. date

Name on Card

Signature

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____

Organization _____

You will receive a one year MPHA membership with a contribution of \$50 or more.
All contributions are tax-deductible.

**Please mail or fax this form to: Massachusetts Public Health Association
434 Jamaicaway
Jamaica Plain, MA 02130**

Fax: (617) 524-5225

**Contact Kara Keenan at MPHA with any questions.
(617) 524-6696, ext. 113 or kkeen@mphaweb.org.**

Thank you!