

# BUSINESS/ORGANIZATION

## Monetary Contribution Form

Please complete all fields and enclose this form with your generous contribution.

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Entity Name (please print)  Business  Organization

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Mailing Address (please check  if address has changed since prior contribution)

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City State Zip

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Contact Phone

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Email address (optional)

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Contribution Amount

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Entity Contact Person Name & Title (if different from Officer signing below)

Entity Officer Name & Title: \_\_\_\_\_

Entity Officer Signature: \_\_\_\_\_

By signing the above you are certifying that the source of the funds contributed are the entity's general treasury funds, not funds solicited from officers, employees or members for political purposes and not raised for the purpose of supporting or opposing Question 2. Please make checks payable to Massachusetts Dental Care Providers for Better Dental Benefits.

- Please list my business/organization as a coalition member.
- Please list me (signing officer) as an individual coalition member.

Make checks payable to: **Massachusetts Dental Care Providers for Better Dental Benefits**

Please send your check to:

**Massachusetts Dental Care Providers for Better Dental Benefits**  
c/o Thomas R. Kiley, Treasurer  
CEK Boston, P.C.  
One International Place, #1820  
Boston, MA 02110

*There are no limits on the amount that a business or organization may contribute to a Massachusetts ballot question committee. Contributions made to this political committee are not tax deductible.*