

INDIVIDUAL

Monetary Contribution Form

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

Contributor's Name (please print)

Mailing Address

City State Zip

Job Title/Occupation

Employer Name

Employer City/State/Zip

I am an owner/principal of this business

Daytime Phone

Email address (optional)

Contribution Amount

Please list me 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 an individual may contribute to a Massachusetts ballot question committee. Contributions made to this political committee are not tax deductible.