



# FRIENDS OF MSH, INC.

PO BOX 75  
WHITFIELD, MS 39193

## DUES / DUES RENEWAL

**Please check all that apply:**

\_\_\_ I am enclosing One-Year Dues for \_\_\_\_\_ individual(s) for the year (September 2010 - August 2011 - at \$20.00 per person.

\_\_\_ I am enclosing Lifetime Dues @ \$100.00. (Individual)

\_\_\_ I am enclosing Lifetime Dues @\$150.00. (Husband and Wife)

\_\_\_ MSH Employees Only/One-time Payroll Deduction for \$\_\_\_\_\_ requested. (See below)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

***For more information, call Sheila Shows at (601) 351-8377.***

### DONATION

If you would like to make a donation with your dues payment, proceeds will support cultural enrichment activities, educational opportunities and treatment programs at Mississippi State Hospital and Jaquith Nursing Home.

\_\_\_ \$10    \_\_\_ \$15    \_\_\_ \$20    \_\_\_ \$25    Other \$ \_\_\_\_\_

*All contributions to Friends of Mississippi State Hospital, Inc., are completely tax-deductible as provided by the Internal Revenue Service.*

### MSH EMPLOYEES ONLY

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, do hereby authorize and request my employer Mississippi State Hospital to withhold \$ \_\_\_\_\_ from my paycheck for membership dues in Friends of Mississippi State Hospital, Inc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_