



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: _____