



# MGANE

The Myasthenia Gravis Association of New England, Inc.

## ANNUAL MEMBERSHIP FORM

Please complete this form and mail with your check, payable to: Myasthenia Gravis Foundation of New England (MGANE), % James Buckner ~ 460 South River St, Marshfield, MA 02050.

**PLEASE NOTE:** You do not need to be a member to participate in our support meetings or attend any events, however, your contributions and membership dues support the work we do. We depend on our members to volunteer to help us accomplish our goals. If you would like to know more about how you can help, contact us at [info@MGANE.org](mailto:info@MGANE.org) or call 508-435-3808.

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I prefer to receive MGANE news by  Email  Phone  Postal Mail

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Enclosed are my annual membership dues: \_\_\_\_\_ \$20.00 Individual  
\_\_\_\_\_ \$25.00 Couple or Family

I am enclosing an additional donation of: \_\_\_\_\_

\_\_\_\_\_ **TOTAL enclosed**

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MGANE is a 501(c)(3) charity and as such, donations are tax deductible. If you would like to make a donation in honor or in memory of someone, we can send an acknowledgement (no amount indicated). Please complete the following:

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

Occasion  
(birthday, holiday, anniversary): \_\_\_\_\_

From (Name): \_\_\_\_\_

Acknowledge to (Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_