Make Yourself a Part of Joslin Diabetes Center

YES, I understand the fight against diabetes takes many forms. I want to support patients by helping to provide comfortable and durable furniture in the Joslin Clinic Atrium and Patient Waiting Area. Please accept my indicated gift and engrave the name specified on:

__ End Table(s) $500 each
__ Table(s) $750 each
__ Single Chair(s) $1,500 each
__ Two Seater(s) $2,000 each

** All gifts totaling over $1,000 will also enroll you as a member of the Elliott P. Joslin Society.*

Please enter the amount of each item that you would like to purchase and print the message you would like engraved in the boxes below. Please limit your message to three lines with up to 25 characters per line. (For multiple items, please use the back of this form).

❑ I do not wish to take part in this naming opportunity, but I would like to make a special contribution of: $_____

Joslin Diabetes Center
One Joslin Place • Boston, MA 02215

For ease of giving and accuracy of information, we encourage you to make your gift online by visiting www.joslin.org/furniture.
Please make your check payable to **Joslin Diabetes Center** and return it along with this form in the envelope provided.
Your gift is tax-deductible to the full extent provided by law. (Please see reverse side for credit card and other information.)

Credit Card Information

Please charge my:

❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Account No. _____ Exp. Date _____

Name (as it appears on card) _____

Signature _____

My e-mail address _____