

Donation Form

I would like to make a donation to: **The Dr. Thomas P. and Edwina H. Devlin Medical Scholarship Fund**

General Donation in the amount of \$ _____

Memorial Contribution in the amount of \$ _____
In memory of: _____

Gift of Thanksgiving in the amount of \$ _____
For: _____

Notification to be sent to:

Name _____

Address _____

Contributor's Name _____

Address _____

Please return this form with your contribution to:

Jo Devlin, Secretary
34 Pleasant Street
Stoneham, MA 02180

Checks payable to: Devlin Medical Scholarship Fund