Day Month, Year

Dear Medical Practitioner,

In order for our member Firstname Lastname to receive benefits from TMA Benevolent Funds, it is necessary under the Constitution and By-Laws of this Association that we have the following information printed on your letterhead or the letterhead of your institution or practice:

* Date patient was first under your care for current illness
* Nature of illness
* Probable duration of illness
* Practitioner’s Signature and/or stamp

Please send the signed letter to the member or directly to my attention.

Thank you for your assistance in this matter.

Sincerely,

Nancy Neal  
Membership & Contracts Coordinator  
Toronto Musicians’ Association – Local 149  
Phone #: 416-421-1020 ext. 228  
Fax #: 416-421-7011  
Email: [nneal@tma149.ca](mailto:eryken@tma149.ca)