



Donation Form

Thank you for supporting our programs to provide oral health care and promote oral health literacy throughout the Washington community. Please complete the form below and return by one of the methods listed. If you wish to donate by credit card payment, you will receive a payment link by email.

NAME

ADA MEMBERSHIP #

ADDRESS

CITY

STATE

ZIP

MY GIFT IS IN MEMORY OF or IN HONOR OF

PLEASE NOTIFY THE FOLLOWING OF THIS COMMEMORATIVE GIFT (BE SURE TO PROVIDE CONTACT INFORMATION):

DONATION AMOUNT

I would like to contribute at the following level:

- \$100
- \$250
- \$500
- \$1,000
- \$2,500
- \$5,000
- Other: \$_____ Please indicate giving amount.

PAYMENT METHOD

- I have enclosed my check
- I wish to pay by credit card

Please return this form:

By Mail:
DC Dental Society Foundation
2001 K Street, NW, Suite 300
Washington, DC 20006

By Email: info@dcdental.org

By Fax: (202) 367-2163

For more information on programs of the DC Dental Society Foundation or on how to make a donation, please contact Kurt Gallagher, Executive Director, at (202) 367-1163 or by email at info@dcdental.org.