



Donation Form

THANK YOU FOR HELPING US support oral health care and promoting oral health literacy throughout the community. Please fill out the form below and fax it with your credit card information to us at (202) 367-2163, or send it in with your check made payable to the D.C. Dental Society Foundation.

NAME ADA MEMBERSHIP #

ADDRESS

CITY STATE ZIP

MY GIFT IS IN MEMORY OF IN HONOR OF

PLEASE NOTIFY THE FOLLOWING OF THIS COMMEMORATIVE GIFT,
INCLUDING CONTACT INFORMATION

I would like to contribute at the following level:

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

Gift Amount: \$_____

- I have enclosed my check
- Visa Mastercard American Express

AMOUNT CARD NUMBER EXPIRATION
DATE

NAME AS IT APPEARS ON CARD SIGNATURE

Please send this form to:
District of Columbia Dental Society Foundation
2025 M Street, NW, Suite 800
Washington, DC 20036-3309

For more information on making a donation to the DCDS Foundation, please contact Doug Fesler, Executive Director at (202) 367-1163 or by e-mail at dfesler@dcdental.org.