



THE DENTAL
FOUNDATION
OF OREGON

CORPORATE DONATION FORM

Every gift is appreciated! Your gift, in any amount, makes a difference.

Please accept my/our gift in the amount of: \$ _____

- \$25,000+ Humanitarian
- \$10,000 - 24,999 Benefactor
- \$5,000 - 9,999 Patron
- \$2,500 - 4,999 Friend
- \$1,000 - 2,499 Contributor
- \$_____ Donor

PAYMENT

- Check enclosed (payable to The Dental Foundation of Oregon)
- Please charge my credit card for a total amount of \$_____

Credit Card: ___ **VISA** ___ **MasterCard** ___ **American Express** ___ **Discover**

Name as it appears on card

Account #

Exp. Date

Cardholder's Signature

Name:

Street:

City/State/Zip

Home Phone:

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E-mail:

CONTACT US

Foundation@SmileOnOregon.org

www.SmileOnOregon.org

Phone: 503.594.0880

Fax: 503.218.2004

The Dental Foundation of Oregon is a non-profit, 501(c)(3) charitable organization. Our mission: improving oral health for Oregon's children.

MAIL TO

The Dental Foundation of Oregon

P.O. Box 2448

Wilsonville, OR 97070-2448



Thank you!
Every Gift Counts!

OTHER WAYS TO SUPPORT THE DFO

- I/we wish to receive information about different ways to contribute, including estate planning or donation of securities. Please contact me.