



THE DENTAL
FOUNDATION
OF OREGON

INDIVIDUAL DONATION FORM

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

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

- \$5,000+ Humanitarian
- \$2,500 - 4,999 Benefactor
- \$1,000 - 2,499 Patron
- \$500 - 999 Friend
- \$250 - 499 Contributor
- \$_____ Donor

PAYMENT

- Check enclosed (payable to The Dental Foundation of Oregon)
- Please charge my credit card for a total amount of \$ _____
- Monthly Giving: please charge my credit card *monthly* in the 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: _____

Work Phone: _____

E-mail: _____

DESIGNATION

I'd like to designate my gift

In honor of

Occasion/reason

In memory of

ACKNOWLEDGEMENT

Please send an acknowledgement of this gift to:

Name

Street

City/State/Zip

Acknowledgements do not specify amount. All contributions are tax deductible.

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!

DID YOU KNOW?

You can double the value of your gift if you or your spouse works for a company that matches the gifts of its employees.

I/we have enclosed a matching gift form.

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.