

EVERY GIFT IS APPRECIATED

YOUR GIFT, IN ANY AMOUNT,
MAKES A DIFFERENCE

All contributions are tax-deductible.
DFO Tax ID# 93-0818476

I wish my gift to remain anonymous

Name _____
Street _____
City/State/ZIP _____
Home Phone _____ Work phone _____
E-mail _____

I'd like to designate my gift

- In honor of _____
Occasion/reason _____

- In memory of _____

Please send an acknowledgement of this gift to:

Name _____
Street _____
City/State/ZIP _____

*Acknowledgements do not specify amount.

Please accept my/our gift in the amount of \$ _____ Make checks payable to: The Dental Foundation of Oregon

\$5,000+ \$2,500-\$4,999 \$1,000-\$2,499 \$500-\$999 \$250-\$499 \$ _____

Please charge my credit card for a one-time total amount of: \$ _____

Please charge my credit card for an ongoing monthly contribution of: \$ _____ \$25/mo. \$50/mo. \$100/mo.

Account No. _____ Signature _____ Expiration _____

Discover Mastercard Visa American Express

Please send me information on how to include DFO in my will or estate plan.

I have remembered the DFO in my will or estate plan.



THE DENTAL FOUNDATION OF OREGON
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