

EVERY GIFT IS APPRECIATED

YOUR GIFT, IN ANY AMOUNT, MAKES A DIFFERENCE

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

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

I wish my gift to remain anonymous

I'd like to designate my gift

Please send an acknowledgement of this gift to:

In honor of _____ Name _____
Occasion/reason _____ Street _____
 In memory of _____ *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
8699 SW Sun Place Wilsonville, OR 97070
P: 503.594.0880 • F: 503.218.2004
E-mail: foundation@SmileOnOregon.org
Donate online at www.SmileOnOregon.org

