



# Community Dental Care

*quality dental care for families and children*

## Donation Form

**Yes, I want to support Community Dental Care!**

**Please accept my donation of \$\_\_\_\_\_ to support the following:**

\$\_\_\_\_\_ **General Operating** support.

\$\_\_\_\_\_ **Mini-grant fund** to help people without insurance or unable to pay for care.

\$\_\_\_\_\_ **Community Programs** support for:

- Preventive and educational programs for children (age 0-5) and pregnant women
- Training for student oral health professionals

### Payment Method:

- Personal Check
- Business Check

### ***Please make checks payable to:***

Community Dental Care  
Attention: Crystal Yang  
1670 Beam Avenue, Suite 204  
Maplewood, MN 55109

### Credit Card:

- Visa    MC    Amex    Discover

Card No. \_\_\_\_\_ Expiration \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Card Member Signature \_\_\_\_\_

This gift is made  in memory  in honor of: \_\_\_\_\_

*Please send gift notification to:*

Name: \_\_\_\_\_ Relationship to Honoree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My gift will be matched by \_\_\_\_\_  
(Please enclose your company's matching gift form)

Name: \_\_\_\_\_

Name as I wish it to appear for donor recognition: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

***Thank you for your support! Your gift is tax deductible to the extent provided by law.***