



DONATION/PLEDGE FORM

Thank you for the opportunity to improve the oral health of economically disadvantaged children and provide them with their own "dental home." I would like to make a gift to The Children's Dental Center of Greater Los Angeles as follows:

_____ \$ 1,000 Provides vital emergency and therapeutic treatment visits for ten children

_____ \$ 500 Provides comprehensive treatment sessions for five children

_____ \$ 250 Provides a complete educational outreach program for one classroom

_____ \$ 100 Provides off-site oral health education and screenings for ten children

_____ \$ 50 Provides oral health education on site for five children and their families

_____ \$ Other

DONOR INFORMATION

Print name as you would like to be recognized for your contribution: _____

Address: _____

Date: _____

Payment Form: Check VISA M/C AMEX _____ Card #

Expiration Date _____ Signature _____

I would like to use my credit card to make a gift of \$_____ now and make additional credit card gifts throughout the year as follows:

Jan \$_____ Feb \$_____ Mar \$_____ Apr \$_____ May \$_____ June \$_____

July \$_____ Aug \$_____ Sept \$_____ Oct \$_____ Nov \$_____ Dec \$_____

GIFT ACKNOWLEDGEMENT: I would like this gift to be acknowledged in honor or in memory of:

Please send acknowledgement card for tribute or memorial gift to:

Every dollar makes a difference in the life of a child – thank you for your donation.

300 East Buckthorn Street, Inglewood, CA 90301
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