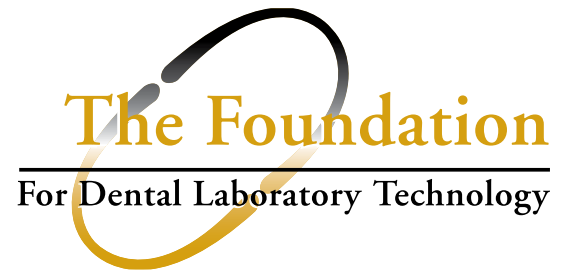


# Building the Future of Dental Technology

We need your help. Make an investment in the future of your profession by contributing to The Foundation. As a contributor, you will be recognized by having your name listed on our website [www.dentallabfoundation.org](http://www.dentallabfoundation.org), but more importantly, you will carry the knowledge that you made an investment that will positively impact the future of your profession.



## My Commitment Pledge

**Donor Information:** (Who and how you want your name recognized. This information may be published.)

(Salutation:  Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_ ) Name \_\_\_\_\_

CDT  RG  RDT  DDS  DMD  Other: \_\_\_\_\_

Company \_\_\_\_\_  CDL  DAMAS

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

I would like to give my contribution in honor of \_\_\_\_\_ (name).

*Additional Information* \_\_\_\_\_

### I want to contribute my Honorarium

Total Contribution Value \$ \_\_\_\_\_

Event/Organization Name \_\_\_\_\_

Event Date \_\_\_\_\_ Event Location \_\_\_\_\_

Event Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### I want to make a one-time cash donation

Total Contribution Amount \$ \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*continued on reverse side*



## I want to make a multi-year cash donation

Choose an option:

\$ \_\_\_\_\_ Quarterly for \_\_\_\_\_ total year(s)

For automatic quarterly billing, it will take place the 1st business day of March, June, September and December.

\$ \_\_\_\_\_ Annually for \_\_\_\_\_ total year(s)

Total Contribution Amount: \$ \_\_\_\_\_

I understand that I may increase, decrease, or suspend my contribution by calling (866) 627-3990. I understand that my contribution will be automatically transferred and will appear each quarter or annually on my checking account or credit card statement. My contribution will begin transferring within the next 4-6 weeks.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Payment Method: (Check one option below)

Please find enclosed check payable to the *Foundation for Dental Laboratory Technology* in the amount of \$ \_\_\_\_\_. (For a one-time donation.)

Please transfer my multi-year contribution from my checking account.

A check for my first contribution is enclosed (payable to the *Foundation for Dental Laboratory Technology*). I understand that my future quarterly/annual contribution will appear on my bank statement. (My payment amounts and schedule are selected in the above section.)

Please bill me annually. (My payment amounts and schedule are selected in the above section.)

Please charge my credit card ( VISA  MasterCard  AMEX) in the amount of \$ \_\_\_\_\_. (For a one-time donation.)

Please charge my multi-year contribution to credit card. ( VISA  MasterCard  AMEX) (My payment amounts and schedule are selected in the above section.)

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code\* \_\_\_\_\_

\*3-digit number on reverse side of most cards, 4-digit number on front for AMEX only

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Foundation for Dental Laboratory Technology is exempt under section 501(c)(3) of the Internal Revenue Code, making your contributions tax-deductible.

## The Foundation for Dental Laboratory Technology

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