



Race for the Future 10 Donation Form

Please note donations can also be made directly online at www.dentallabfoundation.org/donate.

Donor Name: _____

Donor Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Email:** _____

Donation Amount: \$ _____

Name of person you are supporting: _____
(if applicable)

Please contact me about sponsorship opportunities for the Race for the Future 10.

Please contact me to learn more about the Foundation, its programs, and how to continue supporting the Foundation's efforts.

PAYMENT INFORMATION

Check: Please make checks payable to the Foundation for Dental Laboratory Technology or FDLT

Credit Card Payment (MC, VISA or AMEX) Amount Authorized: \$ _____

Credit Card #: _____ Exp. Date: _____ *CCV#: _____

**The 3-digit number on the reverse side of your card; the 4-digit number on the front of your card for AMEX*

Cardholder Name: _____

Billing Address (if different than above): _____

Authorized Signature: _____

Thank you for your generous donation!