



MAIL-IN DONATION FORM

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DONATION

\$250 \$500 \$750 \$1000 Other \$ _____

GIFT RECOGNITION

Please publicly acknowledge this gift as being from: _____

Please keep my donation anonymous.

This donation is being made In honor of In memory of: _____

If you wish us to notify someone of your gift(s), please print the name and address: _____

My check payable to **FLORIDA DENTAL ASSOCIATION FOUNDATION*** is enclosed.

**The Florida Dental Association Foundation is the fiscal sponsor for SESG charitable efforts.*

Please charge my credit card. (Visa, MC, Discover, AMEX accepted)

Card #: _____ Expiration Date: _____ CVV: _____

Name as it appears on card: _____ Signature: _____

PLEASE MAIL COMPLETED FORM TO: FDA FOUNDATION | 545 JOHN KNOX ROAD, STE 200 | TALLAHASSEE, FL 32303

Questions? Please call the SESG at 813-541-4056 or e-mail sesg10@tampabay.rr.com.

Thank you for supporting the Southern Endodontic Study Group!