



ANNUAL CAMPAIGN

Children's Dental Health Clinic

Pledge Form



Your Gift to the CDHC Annual Campaign Re-affirms... *Every Child Deserves to Smile*
Together...We Change Lives...One Smile at a Time

Beverly O'Neill
Former CDHC Child Patient
Former Mayor of Long Beach
Honorary Campaign Chair

Donor Name: _____

Yes! Please accept my 2008-2009 Annual Campaign gift to the CDHC in the amount of \$ _____

giving methods

- Check (payable to CDHC) in the amount of \$ _____
- The balance to be paid in the following manner \$ _____
- Please contact me to pay gift with stocks/securities, or real estate
- Please contact me. I have a Vehicle, RV, Truck or Boat to donate for a Tax Deduction.
- Please charge my Credit Card the full amount of \$ _____
- Please charge my Credit Card in installments of \$ _____ for _____ months

Credit Card Visa or MasterCard

Name on Card _____ Credit Card # _____

Expiration Date _____ Signature _____

Address _____

City _____ State _____ Zip _____

contact information

Address _____

City/State/Zip _____

Phone Number _____

Cell Phone Number _____

E-mail Address _____

Please mail this form to:
Children's Dental Health Clinic
455 East Columbia Street
Long Beach, California 90806

For more information, please call us at (562) 933-0602
or Fax (562) 933-2049

Visit us online at www.cdhc.org
E-mail us at info@cdhc.org

Thank You!