



Endless Smiles...

...one child at a time.

2011-2012 ANNUAL CAMPAIGN

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

Thank you for your support
 Yes! Please accept my 2011-2012 Annual Campaign gift/pledge to the CDHC.
Gift Amount \$ _____

donor information

Name _____
Address _____
City/State/Zip _____
Phone Number _____ Cell Phone Number _____
E-Mail Address _____

giving methods

- Check (payable to CDHC) in the amount of \$ _____
- Please charge my Credit Card the full amount of \$ _____
- Please charge my Credit Card payments of \$ _____ each Month Quarter (paid by 6/30/2012)

Credit Card Visa or MasterCard

Name on Card _____ Credit Card # _____

Expiration Date _____ Signature _____

Address _____
Number City State Zip

Special Instructions: _____

- Pledge to be paid by checks or direct bank transfer by 6/30/2012. Please provide details: _____
- Please contact me to pay gift with stock/securities or real estate.
- Please contact me. I have a Vehicle, RV, Truck or Boat to donate for a Tax Deduction.
- Please make my gift in memory of or in honor of _____
Send acknowledgement to Name _____
Address _____

Donor Signature _____ Solicitor _____ Date ___ / ___ / _____

Please mail this form to: Children's Dental Health Clinic 455 East Columbia Street, Suite 32, Long Beach CA 90806
For more information, please call us at (562) 933-0602 or Fax (562) 933-2049
E-mail us at info@cdhc.org visit us online at www.cdhc.org.