



Thank you for

GIVING HEALTHY,
CONFIDENT SMILES!



DONATION 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 2021-2022 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 \$ _____
 Pledge to be paid by checks, credit card, or direct bank transfer by 6/30/2022. Please provide details:

 Please charge my Credit Card the full amount of \$ _____
 Please charge my Credit Card payments of \$ _____ each Month Quarter (paid by 6/30/2022)
Credit Card Visa MasterCard Discover
Name on Card _____ Credit Card # _____
Expiration Date _____ Signature _____
Address _____
Number City State Zip

Special Instructions: _____

- Please contact me to pay gift with stock/securities or real estate.
 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 bwells@cdhc.org visit us online at www.cdhc.org.