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 2017-2018 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 6/30/2018. Please provide details:

_____

☐ Please charge my Credit Card the full amount of $ _____

☐ Please charge my Credit Card payments of $_____ each □ Month □ Quarter (paid by 6/30/2018)

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 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 bwells@cdhc.org visit us online at www.cdhc.org.