foundation
(6) tndentalassociation.org tda@tndentalassociation.org
ADVANCING DENTAL HEALTH

## CONTRIBUTION FORM

## SUGGESTED LEVELS OF GIVING

| $\square$ | DIAMOND | $(\$ 5,000+)$ |
| :--- | :--- | :--- |
| $\square$ | PLATINUM | $(\$ 1,000-\$ 4,999)$ |
| $\square$ | GOLD | $(\$ 500-\$ 999)$ |
| $\square$ | SILVER | $(\$ 200-\$ 499)$ |
| $\square$ | BRONZE | $($ Less than $\$ 199)$ |
|  |  |  |
| DONOR INFORMATION |  |  |

Name $\qquad$ Address: $\qquad$
Phone: $\qquad$ City: $\qquad$
Email: $\qquad$ State: $\qquad$ Zip: $\qquad$
$\square$ In Honor of / $\square$ In Memory of $\square$ Doctor / $\square$ Other* (Family, Friend, Staff, Patient) Name: $\qquad$
Send Acknowledgement to: $\qquad$ Relationship: $\qquad$
Address: $\qquad$ City: $\qquad$

State: $\qquad$ Zip: $\qquad$
*Contributions marked as "Other" will only be listed in TDA publications if requested.

## PAYMENT INFORMATION If paying by check, please make payable to TDAF

Payment Method: $\square$ Cash $\square$ Check $\square$ Credit Card *Visa/MasterCard Only

Name on Card: $\qquad$
Card \#: $\qquad$ Total Amount: \$ $\qquad$
CVV Code: $\qquad$ Expiration Date: $\qquad$ Billing Zip Code: $\qquad$
Signature: $\qquad$
SIGNATURE INDICATES APPROVAL OF CHARGES TO YOUR ACCOUNT

Return form with contribution to: TDAF, 660 Bakers Bridge Ave Ste. 300, Franklin, TN 37067
As a registered 501(c)(3) organization, your contributions are tax-deductible.

