

Yes, I would like to make more smiles healthier and happier.
Enclosed is my gift of \$ _____ to the Dental Center.

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Check Enclosed

Credit Card

Visa

MasterCard

Card Number _____ Expiration Date _____

Cardholder Name _____

Signature _____

I would like my gift to honor:

Name _____ Address _____

City, State, Zip _____

I would like my gift to remain Anonymous

Please make checks payable to: Dental Center of Northwest Ohio

Gifts are tax deductible to the extent provided by law.

Consider perpetuating your support by naming the Dental Center in your will or estate plan.

Thank You For Your Contribution!



dentalcenter
of northwest ohio