



AGD Foundation Donor Form

Thank you for supporting the AGD Foundation during its 50th anniversary. Your donation will expand the number of dentists and patients we are able to impact with our oral cancer screening and awareness programs.

Gift Amount: \$100.00 \$250.00 \$500.00 \$1,000.00 Other: \$_____

Is this donation a tribute? Yes (see back) No

Donor Name: _____

Please make this an anonymous gift

Street Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ Email: _____

AGD Member Number (if applicable): _____

Credit Card Type:

Visa American Express MasterCard Discover

Name as it appears on credit card: _____

Card Number: _____

Expiration Date (MM/YY): _____ CSC: _____

Enclosed is my check payable to the AGD Foundation

Return this completed form to:

Mail:
Academy of General Dentistry Foundation
560 W. Lake St., Sixth Floor
Chicago, IL 60661-6600

Email:
agdf@ADGcommunications.com

See back for tribute donations

Tribute Donations Only

My tribute is... (select one) In honor of In memory of In recognition of

Name of person: _____

Tribute message:

Please inform the following person about my donation:

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ Email: _____

The AGD Foundation is a 501 (c)(3) charity; gifts to the AGD Foundation are fully deductible for federal income tax purposes, subject to the limitations placed on charitable gifts by the Internal Revenue Service.

See front for all other donations