

MICHIGAN DENTAL
Foundation

Memorials and Honorary Tributes

Please accept my charitable gift of \$ _____

Name: _____

Address: _____

City _____ State _____ ZIP _____

Phone:(____) _____ E-mail: _____

I would like to make this contribution Special Gift as a:

_____ **Memorial** or _____ **Living Tribute**

in Honor of: _____

I would like my contribution to be used for:

_____ **Scholarships:** ___Mitus ___Nolen ___Bletsas

___ **Access to Care Programs** ___ **Oral Health Initiatives** ___ **General Fund**

An Acknowledgement will be sent to the person you designate.

The amount will not be disclosed.

Send acknowledgement to:

Name: _____

Address: _____

City _____ State _____ ZipCode _____

Please make check payable to:

Michigan Dental Foundation

230 N. Washington Square Suite 208

Lansing MI 48933-1392

Attn: Lori Kleinfelt

*The Michigan Dental Foundation is a 501 c (3) tax deductible organization.
Your contribution is tax deductible as allowed by law.*

foundation