



Memorials and Honorary Tributes

Please accept my charitable gift of \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

___ Acces to Care Programs ___ Oral Health Initiatives ___ General Fund

An Acknowledgment 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 Association Foundation
3657 Okemos Road, Suite 200
Okemos, MI. 48864
attn: Lori Kleinfelt

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