



The Cincinnati Dental Society's Oral Health Foundation...
Serving the underserved in the Greater Cincinnati area

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In Honor of: _____ In Memory of: _____

Please select your preference. If you prefer to donate to both, please provide the amount to be allocated to each program.

_____ Specialty Dental Care for Children. Providing free specialty dental care, such as surgical extractions, perio treatment, and basic orthodontic care to children ages 3 to 18 that have no access to dental care and with family annual incomes at or below the 200% federal guidelines. Care is rendered by volunteer dentists. \$ _____

_____ "Leave No Vet Behind" Program. Donations will help cover the lab costs for dentures and partials for the Veterans not eligible for dental care through the VA Hospital. Dental treatment has been rendered to these Veterans through our LNVB program by volunteer dentists. \$ _____

Please make check payable to CDS Oral Health Foundation and mail with this form to: 9200 Montgomery Road, Suite 21A, Cincinnati, OH 45242. If paying by credit card complete and mail or fax back to: (513) 984-3047. You will receive a confirmation of your donation within 10 business days. Thank you!

Name on Card _____ Exp. Date _____ SSC _____

Credit Card (Discover, MC, Visa and AMEX Accepted)

The Cincinnati Dental Society's Oral Health Foundation is a 501(c)(3) organization. Tax ID#: 20-2772729