

SESG FOUNDATION DONATION FORM

DONOR INFORMATION

Name:_____ Phone:_____

Address: _____

City:_____ State: _____ ZIP: _____

Email: _____

DONATION

☐ **$250** ☐ **$500** ☐ **$750** ☐ **$1000** ☐ **Other $_____**

GIFT RECOGNITION

☐ Please publicly acknowledge this gift as being from: _____

☐ Please keep my donation anonymous.

This donation is being made ☐ In honor of ☐ In memory of: _____

If you wish us to notify someone of your gift(s), please print the name and address: _____

_____

☐ My check payable to **FLORIDA DENTAL ASSOCIATION FOUNDATION*** is enclosed.

**The Florida Dental Association Foundation is the fiscal sponsor for SESG charitable efforts.*

☐ Please charge my credit card. (Visa, MC, Discover, AMEX accepted)

Card #:_____ Expiration Date:_____ CVV:_____

Name as it appears on card: _____ Signature: _____

PLEASE MAIL COMPLETED FORM TO: FDA FOUNDATION | 545 JOHN KNOX ROAD, STE 200 | TALLAHASSEE, FL 32303

Questions? Please call the SESG at 813-541-4056 or e-mail southernendo10@gmail.com

Thank you for supporting the Southern Endodontic Study Group Foundation!