

Mail-in Donation Form



Please be as generous as you are able with your gift.
All gifts are tax deductible to the extent allowed by law.

Please mail completed form to:

American Dental Partners Foundation
401 Edgewater Pl. Ste. 430
Wakefield, MA 01880

My gift to support the American Dental Partners Foundation:

\$

name

address

city

state zip

email

I would like to pay by:

Check (payable to American Dental Partners Foundation)

VISA MasterCard Discover American Express

card #

exp. date

signature

Please designate my gift as follows:

restricted gift to:

unrestricted gift:

in honor of:

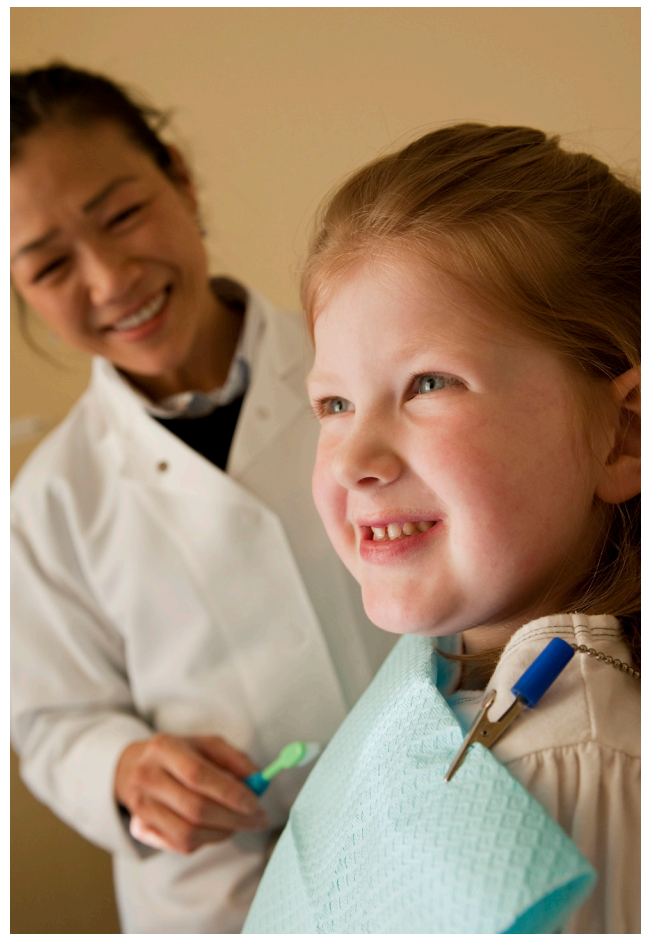
Send acknowledgement to:

name

address

city

state zip



Your gift truly advances our mission: for the betterment of oral health care as a component of overall health, education, disease prevention and community patient care.

Thank you for your support!