

Contribution Form



Name/Company: _____

Address: _____

City, State, Zip: _____

Contribution Levels

- Platinum: \$25,000 Titanium: \$15,000 Gold: \$10,000
 Silver: \$5,000 Bronze: \$1000 Other:

Please make check payable to:
CT Foundation for Dental Outreach*

Send completed form with payment to:

CT Foundation for Dental Outreach ♦ 835 West Queen St. ♦ Southington, CT 06489
Tax ID #26-1437861 – Your deduction is tax deductible
**Please specify CTMOM in memo area of check*

Contribution Form



Name/Company: _____

Address: _____

City, State, Zip: _____

Contribution Levels

- Platinum: \$25,000 Titanium: \$15,000 Gold: \$10,000
 Silver: \$5,000 Bronze: \$1000 Other:

Please make check payable to:
CT Foundation for Dental Outreach*

Send completed form with payment to:

CT Foundation for Dental Outreach ♦ 835 West Queen St. ♦ Southington, CT 06489
Tax ID #26-1437861 – Your donation is tax deductible
**Please specify CTMOM in memo area of check*

Contribution Form



Name/Company: _____

Address: _____

City, State, Zip: _____

Contribution Levels

- Platinum: \$25,000 Titanium: \$15,000 Gold: \$10,000
 Silver: \$5,000 Bronze: \$1000 Other:

Please make check payable to:
CT Foundation for Dental Outreach*

Send completed form with payment to:

CT Foundation for Dental Outreach ♦ 835 West Queen St. ♦ Southington, CT 06489
Tax ID #26-1437861 – Your donation is tax deductible
**Please specify CTMOM in memo area of check*