



MONTHLY DONORS CLUB

Dentistry For All thanks you in advance for your interest in providing continued support for our ongoing educational and clinical projects. Please fill in the details below to begin your continued contribution. Please note that all pre-authorized credit card charges are made on the 20th of each month.

The commitments and ongoing projects of Dentistry For All and it's volunteers require financial support, year round, to continue our operations. We are proud to have an active volunteer base whereby our volunteers cover 100% of their own costs or are sponsored by others to participate in their work in both Guatemala and Nicaragua. In order to support and expand our ongoing clinical operations in Guatemala, we require continual funding from our supporters. Your contribution is 100% tax deductible and is eligible for a tax receipt from our registered charitable organization. We thank you in advance for investing in the sustainable dental education and care systems we are developing in the nations in which we work. Your contribution will help to continue changing smiles, and changing lives.

CHANGE A **SMILE** CHANGE A **LIFE**



Name: _____ email: _____

Mailing address: _____

City: _____ Province/state: _____ Postal/zip code: _____

Contribution amount: \$ _____ (circle one): Monthly / Quarterly / Annually

Total Annual Contribution = \$ _____ * Tax receipts are provided annually for the total contribution *

Payment type (circle one): check / Visa / M/C

Credit card number: _____ exp date: _____ CVC#: _____
(3-digits, back of card)

Name as it appears on the card: _____

Signature (credit card users only): _____

Who can we thank for telling you about this organization? _____

PLEASE put my name on a list to receive updates on DFA and our projects, events, and volunteer activities. Yes / No

Please fill out form and either scan and email to admin@dentistryforall.org.

or by secure fax to 403-228-0552

mail to: Dentistry For All

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