

# Wisconsin Dental Association Foundation - Contribution Form

Please print and mail this form to make a gift to WDA Foundation. We will gratefully accept credit cards or checks. Sorry, we are unable to accept on-line donations at this time.

**Make checks payable to the WDA Foundation and mail to:**

**The WDA Foundation**  
Attn: Executive Director  
6737 W. Washington Street; Suite 2360  
West Allis, WI 53214

Title:  Dr.  Mr.  Mrs.  Ms.  Miss  
 Dr. and Mrs.  Mr. and Dr.  Dr. and Dr.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Amount:

\$100  \$75  \$50  \$25  Other \_\_\_\_\_

Payment Method:  Check enclosed  MasterCard  Visa

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address zip code (for verification purposes): \_\_\_\_\_

## You may dedicate your gift to someone special

Type of gift:  In Honor  In Memory

Name of individual being honored: \_\_\_\_\_

Please notify the following individual(s) of my gift.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

I would like information on remembering the WDA Foundation in my will.