

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.

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: _____

3-digit security code (on back of card): _____

Billing Address zip code (for verification purposes): _____

Please acknowledge my donation by: Email standard mail

Please do **not** acknowledge my contribution. Instead use the postage to help improve dental health in Wisconsin.

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.