



Donation Form

Seattle-King County Dental Foundation

The Seattle-King County Dental Foundation is dedicated to proactively eliminating dental infection and pain in the King County population that lacks resources and/or access to dental care.

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Donation and/or Pledge Information

I (we) pledge a total of \$_____ to be paid:

____ now ____ monthly ____ quarterly ____ yearly.

I (we) plan to make this contribution in the form of:

____ check ____ credit card

Credit card type	
Credit card number	
Expiration date	
CVV code (3 digits on back)	

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks payable to:

**Seattle-King County Dental Foundation • 1111 Harvard Avenue • Seattle, WA 98122
(F) 206.443.9308 • (P) 206.448.6620 • skc@skcdfs.com**

The Seattle-King County Dental Foundation is a 501(c) 3 corporation. Your generous contribution is 100% tax deductible.