



GIVE TO THE SDDF

THROUGH TIME, TALENT, DOLLARS, EVENTS...

GENERAL DONATION

Amount: \$ _____

PROGRAM DONATION

Smiles for Kids

Amount: \$ _____

Smiles for BIG Kids

Amount: \$ _____

General treatment donation

Amount: \$ _____

Helen Hamilton Orthodontic Fund

Amount: \$ _____

General Dentistry Grant

Amount: \$ _____

MEMORIAL / IN HONOR DONATION

In memory of _____

Amount: \$ _____

In honor of _____

Amount: \$ _____

SDDF MEMBERSHIP

Dentist Member (\$75)

Amount: \$ _____

Associate Member (\$75)

Amount: \$ _____

TOTAL: \$ _____



I would like to participate in Crowns for Kids®, Sacramento District Dental Foundation's metal recycling program.

Please send me a jar, so I can start collecting!



Name: _____ Telephone: (____) ____-____

Address: _____ City/State/Zip: _____

Payment Method: Check Visa MasterCard Bill Me Cardholder Name: _____

Card #: _____ Exp. Date: ____/____ Security Code (3-digit number on back of card): _____