

It's not too late...

I WANT TO BE A MEMBER OF THE FOUNDATION!

Please accept my \$75 membership commitment to the Sacramento District Dental Foundation. I want to join my colleagues in supporting this worthwhile charitable organization.

DENTIST MEMBER - \$75

I am an SDDS member dentist and would love to be a member of the Foundation!

NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

E-MAIL: _____

DENTISTS — *did you know that your spouse and your staff can be members of the Foundation, just like you?*

ASSOCIATE MEMBER - \$75

I am NOT a dentist, but would love to be a member of the Foundation!

NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

E-MAIL: _____

Are you affiliated with an SDDS member dentist? YES NO *(not necessary for membership)*

SDDS Member Dentist's Name: _____

VISA MasterCard Bill Me Check Enclosed

Card #: ..

Exp Date: / Security Code:

Name on Card: _____

Billing Address: _____

Fax or Mail to:



Sacramento District Dental Foundation

915 28th Street • Sacramento, CA 95816

916.446.1227 **phone** • 916.447.3818 **fax**