

Join the Foundation!



# 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**PLEASE:**

- Bill me for this year or charge me.
- No thanks this year.
- I will include with my ADA/CDA/SDDS dues payment.
- I would like to make an additional contribution (thank you!).

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**CREDIT CARD INFORMATION** (fill out only if paying by credit card):

VISA     MASTERCARD

CARD #:     -     -     -        EXP. DATE:   /      3-DIGIT CODE:

Name on Card \_\_\_\_\_ Billing Address \_\_\_\_\_

X \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Fax or Mail to:



## Sacramento District Dental Foundation

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