



## Yes! I/We Want to Support the Dental Programs' Expansion!

Donor's Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### The DMACC Dental Program Needs Your Support! It is my/our intention to contribute:

☐ \$300    ☐ \$600    ☐ \$1,000    ☐ \$1,500    ☐ \$3,000    ☐ \$5,000    ☐ Other: \$ \_\_\_\_\_

☐ Check is enclosed, payable to DMACC Foundation.

☐ I/We will make a gift using a credit card. Please contact me to process my credit card gift.

☐ I/We will make a pledge of \$ \_\_\_\_\_, payable as follows:

A sum of \$ \_\_\_\_\_ every (check one) ☐ Month    ☐ Quarter    ☐ Year (over 5 years)

The pledge begins: \_\_\_\_\_ (year)    The pledge ends: \_\_\_\_\_ (year)    Please invoice me: \_\_\_\_\_ (month)

☐ Recognize gift using my/our name(s) as listed here: \_\_\_\_\_

☐ Please keep this gift confidential. I wish to remain anonymous.

### NAMED GIFT

☐ Please contact me about one of the named giving opportunities.

### CONTRIBUTE ONLINE

If you prefer, you may make a gift by visiting us online at [dental.dmacc.edu](http://dental.dmacc.edu)

### MATCHING CONTRIBUTIONS

If your employer matches donations, please enclose a signed Matching Donation form from your employer.

### SECURITIES OR STOCKS

Please contact the DMACC Foundation at [foundation@dmacc.edu](mailto:foundation@dmacc.edu) or (515) 964-6229 for details.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Return this completed form to:** DMACC Foundation, 2006 S. Ankeny Blvd., Bldg. 22, Ankeny, IA 50023

Learn more about supporting DMACC by visiting our website at [foundation.dmacc.edu](http://foundation.dmacc.edu)

Keep up with what's happening in the DMACC Foundation by following us on Facebook.

**DMACC**  
FOUNDATION