Donation Form

Please complete and print this form, enclose your check (payable to ADEAGies Foundation), and mail to:

ADEAGies Foundation
Attention: Abigail Gorman
1400 K Street NW, Suite 1100
Washington, DC 20005

Thank you for your generosity.

Name _____

List my name as an ADEAGies Foundation donor ☐ Yes ☐ No

Address _____

City _____ State or province _____ Postal code _____

Email address_____

Telephone _____

Your gift will make a difference in meeting the many challenges confronting dental education, and will help to create many opportunities that will benefit all.

Enclosed is my/our gift of: ☐ $1000 ☐ $500 ☐ $250

☐ $100 ☐ $50 ☐ Other: $_____

I/we wish to make a gift of $_____, charged to this credit card:
☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card number _____

Expiration date _____

Signature _____

Is your donation being made in memory or in honor of someone special? If so, please describe here. _____

The ADEAGies Foundation is a 501(c)(3) nonprofit organization under the regulations of the Internal Revenue Service. All contributions to the Foundation are tax-deductible to the extent provided by law.