



**Minneapolis Convention Center
Minneapolis, Minnesota
September 7-8, 2018
Donation Form**

Thank you for your generous support of the Mission of Mercy project. Our goal is to provide 2,000 patients with much needed dental care. In order to properly recognize your contribution to this charitable organization, please complete the following information:

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Contact Person (Dr./Mr./Mrs./Other) _____

Phone: _____ Email: _____

Check enclosed payable to Minnesota Dental Foundation – MnMOM

Please charge my credit card

Amount: \$ _____ Card# _____

Exp. Date: _____ CVV: _____ Billing Zip Code _____

Signature: _____

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In-kind contribution

Item: _____

Approximate Value: \$ _____

Person Soliciting Donation _____

PLEASE RETURN THIS FORM TO:

Vicki Capistrant, Program Coordinator
Minnesota Dental Foundation ~ Mission of Mercy
1335 Industrial Boulevard, Suite 200
Minneapolis, MN 55413
Tax ID #41-1927049 (501c3)
Phone: 612.767.8400 Fax: 612.767.8500 E-mail: vcap@mindental.org

TOGETHER, WE CAN MAKE A DIFFERENCE!