



**2019 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:

Individual or Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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: \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

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@mndental.org](mailto:vcap@mndental.org)

**TOGETHER, WE CAN MAKE A DIFFERENCE!**