



**St. Cloud, Minnesota
July 29-30, 2022
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 501(c)(3) organization, please complete the following information:

Individual or Company Name _____

Address _____

City _____ State _____ Zip _____

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

E-mail Address _____

Check enclosed payable to: Minnesota Dental Foundation – MnMOM
Please charge my credit card

Amount \$ _____ Expiration Date _____ Security Code _____

MC/Visa/Discover/AMEX # _____

Signature _____

Email Address for Receipt _____

I/we are making an in-kind contribution.

Item _____

Approximate Value \$ _____

Person Soliciting Donation _____

PLEASE RETURN THIS FORM TO:

Vicki Capistrant, Project Coordinator
Minnesota Dental Foundation - Mission of Mercy
1335 Industrial Boulevard, Suite 200
Minneapolis, MN 55413
Tax ID #41-1927049

Phone: 612.767.8400 Fax: 612.767.8500 E-mail: vcapistrant@mndental.org

TOGETHER, WE CAN MAKE A DIFFERENCE!