

Join us in changing lives - *one smile at a time* -
with your tax-deductible donation!



Everyone deserves a
**HEALTHY
SMILE**



Print this form and mail it to:

Advancement Department
Children's Dental Health Clinic
455 E Columbia St, Suite 32
Long Beach, CA 90806

Questions? Please contact Liz Reinhardt, Director of Advancement,
at info@cdhc.org or (562) 933-0602.

Learn about other ways to give at cdhc.org/give.

I want to help change lives - *one smile at a time* - with my donation:

- General Operating Support \$ _____
- Multi-Specialty Dentistry \$ _____ Early Intervention Program \$ _____
- Orthodontics Program \$ _____ Avalon/Catalina Island Clinic \$ _____

- My check made payable to Children's Dental Health Clinic is enclosed.
- Please charge my credit card: **Charge my credit card monthly.**

Card Number: _____

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

Signature: _____

Donor Name(s): _____

Mailing Address: _____

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Cell Phone | Yes, you may send me text messages.

Donor Recognition Name(s) (if different from name(s) above):

Please keep my donation anonymous.

My donation is a tribute

in memory of in honor of

**Please send a note about
my tribute donation to:**

*Please provide their full name and
mailing address or email address.*

Notes/Comments: