



TDA Foundation Contribution Form

With your support, the Tennessee Dental Association Foundation can flourish and grow. Please indicate the amount of your tax-deductible gift below. Donors will be recognized in an upcoming issue of the *TDA Newsletter*.

Suggested Levels of Giving:

- * LG Noel Fellowship. \$5,000 and above
- Diamond Level. \$1,000-\$4,999
- Gold Level \$500-\$999
- Silver Level. \$200-\$499
- Bronze Level Less than \$199

I would like to help the TDAF grow by giving \$_____ today.

Please designate \$_____ of my contribution for the Noel Fund for Dental Research.

(If paying by check, please make payable to the TDAF. Credit card payment information is below.)

Donor Information

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: (____) _____ TDA Component (if applicable): _____

- I would like my gift to be in:
- honor of
- memory of the below person/group:

Name: _____

Name (relationship) & Address to receive acknowledgement: _____

Credit Card Information (Visa or MasterCard Only - please print clearly)

Card # _____ Exp. Date (mm/yy) ____ / ____

Three Digit CVV2 code (on back of card following credit card #): _____

Cardholder's Signature: _____

- Yes, please contact me about charitable annuities, planned giving and estate planning.
- Yes, please send me information on signing up as a sustaining contributor.

Return this form with payment to:

Tennessee Dental Association Foundation / 660 Bakers Bridge Avenue, Suite 300 / Franklin, TN 37067