



SCHOOL OF DENTISTRY
UNIVERSITY of WASHINGTON

Contribution Form

Yes, our organization would like to show its commitment to the University of Washington School of Dentistry through an annual membership in the Business Partner program.

We will contribute \$ \_\_\_\_\_. (Business Partners receive significant recognition and benefits, based on the level of annual membership: Gold \$10,000+, Purple \$5,000+, Partner \$2,000+)

Please designate our gift to support:

- Dentistry Dean's Fund for Excellence (the School's priority fund)
Other (please specify) \_\_\_\_\_

Method of Payment:

- Enclosed is a check made payable to "University of Washington Foundation."
Please bill VISA, MasterCard, or AMEX # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

NAME OF ORGANIZATION

CONTACT NAME & TITLE

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CITY STATE ZIP

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Please return this form in the enclosed envelope or mail to:
University of Washington School of Dentistry
Box 357137, Seattle, WA 98195-7137