



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 Partners program.

We will contribute \$ _____. (Business Partners receive 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:

- checkbox Dentistry Dean's Fund for Excellence (DEDISC) - a priority fund
checkbox Dentistry Campaign for Clinics & Equipment (DENCMP) - a priority fund
checkbox Other (please specify) _____

Method of Payment

- checkbox Online dental.uw.edu/alumni-friends/give/make-a-gift
checkbox Enclosed is a check made payable to "University of Washington Foundation."
checkbox Please bill VISA, MasterCard, or AMEX # _____
Exp. _____ CVV: _____ Name on Card: _____
Credit Card Billing Address: _____
Authorized Signature: _____

NAME OF ORGANIZATION

CONTACT NAME & TITLE

ADDRESS (IF DIFFERENT THAN ABOVE)

CITY

STATE

ZIP

WORK TELEPHONE

EMAIL

Please return this form to:
University of Washington School of Dentistry
Box 357137, Seattle, WA 98195-7137
Phone: (206) 685-9350 or Toll Free (866) 550-2977 / E-mail: uwsod@uw.edu