

ACADEMY OF LDS DENTISTS HUMANITARIAN FOUNDATION

Name: _____

Address: _____

Wk. Phone: _____ Cell Phone: _____

Hm. Phone: _____ Email address: _____

Donations: Make checks payable to Academy of LDS Dentists Humanitarian Foundation. Send to: **Academy of LDS Dentists Humanitarian Foundation
488 N. 100 E.
Provo, Utah 84606**

___ I would like to discuss a potential donation with the Fund Leadership

___ I would like to make a contribution of \$_____, and will have that donation available on _____(day, month)

___ I would like an accounting of where my funds have been used, and a periodic update on the status of current projects.

___ I may be in a position to donate **other than money**. Please contact me.

___ I am aware of other potential contributors. Please contact me.

___ I would ___ I would not feel comfortable if you used my name as a contributor as you contact other potential donors to the Fund.

Please send completed form to: 488 N. 100 E. Provo, UT 84606

Humanitarian Fund Council Leadership

Council Chairman: Dr. David Hobson

Cell: 209-483-8406 dchdds@att.net

Council Sec/Treasurer: Brent Thomas, CPA

800-877-0564: brent@cpas4docs.com

Council Members:

J. Clifford Wallace, Attorney

619-557-6114 judge Wallace@ca9.uscourts.gov

Dr. Gordon J. Christensen

801-226-5315 info@pccdental.com

Dr. David N. Wright dnwrightdmd@comcast.net