



Help Us Help Them!

HEALTHY SMILES, HEALTHY CHILDREN: THE FOUNDATION OF THE AMERICAN ACADEMY OF PEDIATRIC DENTISTRY

2011 HSHC CONTRIBUTION FORM

Pledge Levels

- Legacy Circle \$100,000
- Platinum Circle \$75,000
- Gold Circle \$50,000
- President's Circle \$25,000
- Leader's Circle \$10,000
- John C. Brauer \$2,500

Gift Levels

- Benefactor \$1,000
- Patron \$500
- Sustaining \$250
- Contributing \$150
- Student \$50
- Other \$ _____

Please direct my gift to:

- HSHC General Fund
- Baylor Pediatric Dental Alumni Fund
- Miller Education Fund
- Fund for Residency Advancement in Texas
- Access to Care

Heritage Circle Planned Gifts & Donor Advised Funds:

(Contact Healthy Smiles, Healthy Children for additional information)

- Memorial Donation
- Honorary Donation
- \$ _____ Amount
(\$25 Minimum Contribution)

Contribution made in memory/honor of:

Address of honoree/decedent's family:

Contact Information *(please check primary)*

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Phone: _____ Email: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Business Phone: _____ Email: _____

Spouse Name: _____

I would like my spouse listed on donation information.

Payment Information

Please mail this form and your payment to: Healthy Smiles, Healthy Children, c/o HSHC Lockbox, 190 E. Delaware Place, Chicago, Ill. 60611.

Check (enclosed payable to *Healthy Smiles, Healthy Children*)

Credit Card (information below)

Visa/MasterCard/AMEX No.: _____ Exp. Date: _____

Signature: _____ Date: _____