



## DOV DONATION FORM

### Donor Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

### Pledge Information

I (we) pledge a total of \$1.00 \_\_\_ \$5.00 \_\_\_ \$10.00 \_\_\_ Other Amount \_\_\_\_\_

### Acknowledgement Information

Please use the following name (names) in all acknowledgements

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ I (we) wish to have our gift remain anonymous

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please make all checks or other gifts to:

Dentists Organized For Veterans

3 Altarinda Road No 305 . Orinda CA 94563 . 510-426-1236 . [www.dovproject.org](http://www.dovproject.org)

A thank you letter and receipt will be sent to you for your records.