



YES! I want to help change a vulnerable child's smile and life (and help win the Build-the-Bank Battle!)

Name: _____

My Email: _____

Our study club goal is to raise a minimum of \$10,000! We hope for 100% member participation and for each dentist to contribute \$500.

- I will sponsor 1 child's smile for \$500.
- I will sponsor 2 children's smiles for \$1,000.
- I will sponsor 3 children's smiles for \$1,500.
- I will contribute _____ to ensure vulnerable children in Central Ohio have a healthy smile.

I will pay via: Check (Please make check payable to KidSmiles Pediatric Dental Clinic.) Credit Card

CC# : _____ | CVV# : _____ | Exp. Date : _____

Billing Address: _____



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