



## DONATION FORM

Name \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

### Donation Method

Check     Credit Card

Amount Enclosed: \$ \_\_\_\_\_

### Credit Card Type

VISA     MasterCard     Discover     AMEX

Credit Card No. \_\_\_\_\_

Credit Card Expiration Date: \_\_\_\_ / \_\_\_\_

Your Signature: \_\_\_\_\_

Please make your check payable to Sonrisas Community Dental Center.  
Sonrisas is a nonprofit organization. Your donation is entirely tax deductible.

### Please mail or fax your completed form to:

Sonrisas Community Dental Center  
210 San Mateo Rd., Suite 104  
Half Moon Bay, CA 94019  
Fax: (650) 726-2726

You can also donate online at [SonrisasDental.org](http://SonrisasDental.org) by phone at (650) 726-2144.