



Sunday, April 6, 2025

2 PM - 5 PM

Pike Lanes

121 Second Street Pike, Southampton, PA



Donation Form

DONOR INFORMATION

Business Name _____

Contact Person _____

Address _____ City, ST Zip _____

Phone _____ Email _____

DONATION INFORMATION

Donation of: _____

Date of Donation: _____

Estimated Value: \$ _____

Delivery of Item:

- Included with this form
 To Be Picked Up (Pick Up Instructions: _____)

This donation was recommended by: _____

Kindly return this completed form with your contribution to:

HealthLink Dental Clinic
Attn: Spare a Smile
444 N. York Rd., Ste B3
Hatboro, PA 19040

If you have questions or comments please contact
Jenny Salisbury, Executive Director, at
jsalisbury@healthlinkdental.org or (267) 699-0120.

