

FRIENDS OF HEALTHLINK

DONATION FORM



PERSONAL INFORMATION

Name :

Company/
Business Name :

Address :

City : ZIP Code :

E-Mail : Phone :

DONATION INFORMATION

Friends of HealthLink is a donor group for businesses making a donation of \$500 or more to HealthLink Dental Clinic. If you would like to split your payment into installments, please fill in the amount you would like to donate per installment and check the box of how frequently you would like to make payments.

Amount : ☐ \$500 ☐ \$750 ☐ \$1,000 ☐ \$1,500 ☐ \$2,500 Other: \$

Frequency : ☐ One Time ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

If making a recurring donation/paying in installments, please indicate your preference below:

- ☐ I would like my recurring donation to be charged to my credit card automatically.
- ☐ I would like to receive payment reminders via email.

Payment Type : ☐ Visa ☐ MasterCard ☐ Discover ☐ AmEx ☐ Check made payable to:
HealthLink Dental Clinic

Credit Card No. :

Expiration Date : CVV :

Billing Address :

Donor's Signature

Please mail your completed form along with payment to:
HealthLink Dental Clinic, 444 N. York Rd., Ste B3, Hatboro, PA 19040.
To make your donation online, please visit www.healthlinkdental.org/friendsofhl

The official registration and financial information of HealthLink Dental Clinic, Inc. may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.

THANK YOU FOR BECOMING A FRIEND OF HEALTHLINK