



Annual Appeal Donation Form

YES! I want to invest in the health & well-being of my neighbors with a gift of:

\$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Date _____

Your Name _____

Address _____

City, ST Zip _____

Phone _____

Email _____

DONATION INFORMATION

I have enclosed a check made payable to: HealthLink Dental Clinic

Please charge my credit card:

Visa Mastercard Discover American Express

Card # _____

Exp Date: _____ CVW Code: _____

Signature _____

Kindly return this completed form with your contribution to:
HealthLink Dental Clinic
1775 Street Road
Southampton, PA 18966

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