



# Spirit of Giving

*Dear Colleagues,*

Our Foundation needs you! The Foundation is the charitable arm of your dental society. This non-profit branch of your society was created to enable us to do some wonderful things for our community.

This year we continue our "Spirit of Giving" campaign. This campaign's goals are two-fold:

1. To enable and encourage **all** dentists to give to our local Foundation
2. To create a giving program whereby members can make contributions to say "thank you" to a patient, a fellow doctor, an employee, a vendor, or a friend at **any time** during the year

PLEASE consider a donation to the Spirit of Giving program. SDDS members have been our greatest resource from the beginning. Together we have created a fund that has made some of our visions a reality.

Please join us in our cause. Together we can make a difference.

*The Foundation Board of Directors*

PS: Remember...what you give is what we can do!



## Spirit of Giving

To: \_\_\_\_\_

*Thank you!*

There are times when a thank you note or an ordinary gift is not enough to show how much we care.

Because we care about the dental needs of children and others who seem to have no other community resources, a generous contribution has been made to the Sacramento District Dental Foundation. Throughout the year, comprehensive dental care will be provided (within the five counties served by the Sacramento District Dental Society) to those who cannot afford to have treatment.

This treatment is possible because members of the dental profession continue to acknowledge the health issues and special needs of our community.

*Needs can only be met when people care enough...to share!*

From: \_\_\_\_\_

 SACRAMENTO DISTRICT DENTAL FOUNDATION

SAMPLE DEDICATION CARD

\$1000 Total Donation\*  
(50-100 dedication cards & envelopes)

\$750 Total Donation  
(26-50 dedication cards & envelopes)

\$500 Total Donation  
(11-25 dedication cards & envelopes)

\$250 Total Donation  
(1-10 dedication cards & envelopes)

Other Donation  
(Any contribution is appreciated!)

## Gift Contribution Order Form

Contributor Name: \_\_\_\_\_

Please send me \_\_\_\_\_ individual dedication cards and envelopes.

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Total Donation Amount: \$ \_\_\_\_\_

Check enclosed       Bill me

Please make checks payable to **SACRAMENTO DISTRICT DENTAL FOUNDATION**

