



2011 DTA Foundation Pledge Form

Help the DTA Foundation **"Move Forward by Giving Back."**
 Your generosity can help the DTAF fund and leverage promising initiatives that improve access to oral healthcare. Be a part of this initiative through:

- **A sustaining gift** commitment for a three year period as a part of the Sustaining Donor Program
- **A one-time gift** , or
- **A planned gift** in the form of a bequest to the Foundation.

Company: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Authorized Signature: _____

1) DTA Foundation Sustaining Donor Program

Yes, I would like to make a three year commitment to the DTAF \$ _____ per year beginning in 2011.

COMPANY		INDIVIDUAL	
<input type="checkbox"/> Diamond	\$50,000 + per year	<input type="checkbox"/> Diamond	\$10,000 +per year
<input type="checkbox"/> Platinum	\$25,000 - \$49,999 per year	<input type="checkbox"/> Platinum	\$5,000 - \$9,999 per year
<input type="checkbox"/> Gold	\$10,000 - \$24,999 per year	<input type="checkbox"/> Gold	\$2,500 - \$4,999 per year
<input type="checkbox"/> Silver	\$5,000 - \$9,999 per year	<input type="checkbox"/> Silver	\$1,250 - \$2,400 per year
<input type="checkbox"/> Bronze	\$2,500 - \$4,999 per year	<input type="checkbox"/> Bronze	\$500 - \$1,249 per year
<input type="checkbox"/> Patron	\$1,000 - \$2,499 per year	<input type="checkbox"/> Patron	\$250 - \$499 per year

Note: Sustaining Donor annual pledge invoices will be mailed to donor on June 30th of each year. If you need an invoice prior to this date, please contact the DTAF office.

2) One time Donation

Yes, I would like to make a one time donation of \$ _____.

3) Planned Gift

Yes, I would like to make a planned gift by making a bequest to the DTAF. Please contact me.

Method of Payment:

Check Enclosed Payable to **DTA Foundation** \$ _____

Invoice for \$ _____

Charge Credit Card \$ _____ Select one: Visa _____ MC _____ AE _____
 Acct. Number: _____ Exp. Date: _____
 Name on Credit Card: _____
 Authorized Signature: _____

**Please make check payable to the DTA Foundation. Fax this form to 703-931-9429 or mail with your check to:
 DTA Foundation. 2300 Clarendon Blvd. Suite 1003. Arlington, VA 22201**

The DTA Foundation is a tax-exempt 501(c)(3) Foundation; all contributions are tax-deductable as allowed by law.