

NC Dental Health Endowment



I Support the NC Dental Health Endowment

Enclosed is my tax-deductible gift of \$ _____ for the NC Dental Health Endowment.
My gift will be used to support the programs of the NC Dental Health Endowment.

Name _____

Address _____

City, State, Zip _____

Phone _____

In Honor of In Memory of

Name _____

Address _____

City, State, Zip _____

Phone _____

***Please make checks payable to the:
North Carolina Community Foundation -
NC Dental Health Endowment
4601 Six Forks Road, Suite 524
Raleigh, NC 27609***

Thank you.