



ND Mission of Mercy

**Inaugural Event Held
Bismarck, North Dakota
September 28-29, 2018
Donation Form
Tax ID # 36-3487515**

Thank you for your generous support of the North Dakota Mission of Mercy event.
Our goal is to provide 600 patients with much needed dental care. In order to properly recognize your contribution to this 501(c)(3) organization, please complete the following information:

Individual or Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person (Dr./Mr./Mrs./Other): _____ Phone: _____

E-mail Address: _____

- Check enclosed payable to: **NDDF – ND Mission of Mercy**
- Please charge my credit card for my donation: Amount: \$ _____ Expiration Date: _____
Security Code: _____ MC/Visa/Discover/AMEX#: _____

Signature: _____

Email Address for Receipt: _____

- I/we are making an in-kind contribution.

Item(s): _____

Approximate Value: \$ _____ Person Soliciting Donation: _____

PLEASE RETURN THIS FORM TO:

Please make sure your check is made payable as noted above.

North Dakota Dental Foundation – ND MOM
Attn: Mike Little
4141 28th Ave S
Fargo, ND 58104

Questions: Contact Tracy at:
Phone: 701.223.8870 | E-mail: info@smilenorthdakota.org

THANK YOU! TOGETHER, WE CAN MAKE A DIFFERENCE!