

GIFT COMMITMENT FORM

-  **DONOR/CONTACT NAME** _____
-  **BUSINESS OR DAF** (if applicable) _____
-  **MAILING ADDRESS** _____
-  **CITY, STATE, ZIP** _____
-  **EMAIL** _____  **PHONE** _____
-  **NAME AS IT SHOULD APPEAR IN DONOR RECOGNITION MATERIALS** _____

GIFT OR PLEDGE INFORMATION

CHECK made payable to Local Start Dental

CREDIT please visit localstartdental.org to make a gift via credit card

CONTACT ME about other forms of donation, such as in-kind gifts (equipment, furnishings, dental materials and supplies, etc.), a gift of stocks or securities, an employer matching gift, a planned estate gift, volunteering professional services, or others.

PLEDGE my gift of \$ _____ will be paid in _____ monthly / annual installments of \$ _____ each, beginning in _____, 20____. My first payment of \$ _____ is enclosed.

Signature _____

Date _____

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DONOR RECOGNITION

I WOULD LIKE THIS GIFT TO BE ANONYMOUS

THIS GIFT IS IN HONOR / MEMORY OF

(circle one)

Please notify:

(name)

(address)

LOCAL Start
Life-changing
Oral Care And Learning **Dental**

PLEASE SCAN AND EMAIL A COPY OF THE COMPLETED GIFT COMMITMENT FORM TO EXECUTIVE DIRECTOR KARLA SANTIAGO OR SEND A COPY BY MAIL TO THE ADDRESS BELOW.



370 Jackson Street, Durham, NC 27701



karla.santiago@localstartdental.org



787.638.5487



localstartdental.org

Local Start Dental , is a 501(c)(3) charitable organization, EIN: 83-3397388.

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