



Dental Trade Alliance Foundation  
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*Moving Forward by Giving Back*

## PLEDGE/DONATION FORM

You can show your generous support of and commitment to the DTA Foundation by participating in the current fundraising program that provides two ways to give:

### Select Program and Amount

1.  **Sustaining Donor Program:** A specific annual gift commitment for a 3-year period.

Select Company or Individual Level Participation Below: **START YEAR:** \_\_\_\_\_

Company			Individual		
PLATINUM	\$10,000 per year		PLATINUM	\$5,000 per year	
GOLD	\$5,000 per year		GOLD	\$2,500 per year	
SILVER	\$2,500 per year		SILVER	\$1,250 per year	
BRONZE	\$1,000 per year		BRONZE	\$500 per year	

Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

2.  **One-Time Donation:** A specific gift commitment for a given year.

Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Please Allocate As: \_\_\_\_\_ Individual or \_\_\_\_\_ Company Contribution

**Please Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Method of Payment:

Check Enclosed Payable to **DTA Foundation** \$ \_\_\_\_\_ Invoice for \$ \_\_\_\_\_

Charge Credit Card \$ \_\_\_\_\_ Select one: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ AE

Acct. Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name on Credit Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

If billing address on credit card account is different from above indicate below:

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

City, State, Zip: \_\_\_\_\_

***The DTAF is a 501(c)(3) organization.  
 All contributions are tax-deductible to the extent permitted by law.***