

Yes! I would like to contribute to the West Coast Fund and support local educational and dental programs. Enclosed is my contribution of:

\$250 \$100 \$50 \$25 \$ _____

Charge my contribution to:

VISA MASTERCARD or I have enclosed a check (WCDDA) Account

Card Number: _____ Expiration Date: _____

Name on Card: _____ CVV Code: _____

Signature: _____ Billing Zip Code: _____



Mail to: The West Coast District Dental Association
1114 Kyle Wood Lane
Brandon, FL 33511
(813) 654-2500 • (813) 654-2505 Fax