



BUILDING FOR OUR FUTURE CAMPAIGN

I/We wish to pay supplemental dues for the Building for our Future Campaign,

I/We commit to the following:

Total Amount:	\$ _____
Initial Payment:	\$ _____
Balance:	\$ _____

Payable: One-Time or Over 1 Year 2 Years 3 Years 4 Years 5 Years

Payment Schedule: Monthly Quarterly Semi-Annually Annually

Beginning Date: ___/___/___

Signature: _____ **Date:** _____

Company/Organization (if appropriate): _____

Name(s): _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____

Payment Information

Cardholder's Name: _____ **Email:** _____

Credit Card Number: _____ **Exp. Date:** _____

Signature: _____ **Date:** _____

**Please make checks payable to New Jersey Dental Association
Mail To: One Dental Plaza, North Brunswick, NJ 08902**

The Internal Revenue Service has classified the New Jersey Dental Association as a 501(c)(6) organization, a membership entity. As such gifts and donations made through the New Jersey Dental Association may qualify for a deduction as an ordinary business expense, however do not qualify as a charitable contribution for income tax purposes. The Federal I.D. # for the Association is 21-0606618