

SHORELINE DENTAL HYGIENE PROGRAM AT UW DENTISTRY

Yes, I want to support educating and graduating more dental hygienists in our state!

I would like to contribute or pledge to the Shoreline Dental Hygiene Program at the UW:

\$100 \$500 \$1,000 \$5,000 \$10,000 Other \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EMAIL _____

Method of Payment

giving.uw.edu/dentalhygiene

Enclosed is my check for \$ _____ made payable to **University of Washington Foundation**

Please charge my credit card \$ _____

VISA, MasterCard, or AMEX # _____ Exp. _____ CVV code _____

Name on Card _____

Billing Address _____

Signature _____ Date _____

Type of credit card: Business Personal

Pledge Payments *(gifts of \$5,000+ may be paid over as many as 5 years, if desired)*

I wish to make pledge payments of \$ _____ per year for _____ years.

My first payment is enclosed and I would like pledge reminders sent annually to fulfill my pledge.

Please charge my credit card for the first payment and then automatically charge the remaining payments annually to fulfill my pledge.

Please return this form to the UW School of Dentistry.

MAIL: UW School of Dentistry, Box 357137, Seattle, WA 98195-7137 **EMAIL:** randyn@uw.edu **PHONE:** 360-471-5648