

Yes! I would like to support the important work of the Children's Dental Clinic. Enclosed is my donation of:

____\$25 ____\$50 ____\$100 ____\$250

_Other amount \$_____

Please make checks payable to: The Children's Dental Clinic

Mail to: The Children's Dental Clinic PO Box 660 Paoli, PA 19301

Be confident in your charitable giving. The Children's Dental Clinic is a registered charitable organization. A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.