

Dentist By 1 Donation Form

The Dentist By 1 program and the Delta Dental of Illinois Foundation helps Illinois children receive needed oral health information and supplies. To support this important initiative, please complete this form and send it to:

Delta Dental of Illinois Foundation
111 Shuman Blvd.
Naperville, IL 60563



You may donate by credit card or a check made payable to the Delta Dental of Illinois Foundation. Thanks for your generous support!

First Name

Last Name

Organization Name (if appropriate)

Street Address

City

State

ZIP

Phone Number

Email Address

Please check here if you'd like to receive information from Delta Dental of Illinois at your email address listed on this form.

Donation Amount:

- \$25 \$250
 \$50 Other _____
 \$100

Comments:

If paying by credit card

What kind of credit card do you have?

- Visa American Express
 MasterCard Discover

Card Number

Signature

Expiration Date
(Month/Year)

CWV Code
(3 digit code on back of credit card)