



FOUNDATION

ODA MEMBER BENEFIT

Donation Form

Your generous donation to the ODA Foundation helps ensure that we can continue *Advancing Oral Health in Ohio*. The ODA Foundation turns your donations into scholarships to dental students in Ohio and grants to Ohio's access to care organizations so they can continue to meet the needs of the community.

Thank you for joining us in strengthening the dental community and increasing access to care!

Donor Name: _____ ADA#: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Donation Amount: \$ _____

Form of Payment: ☐ Check # _____ ☐ Cash ☐ Credit Card (fill out information below)

Credit Card Type: ☐ MasterCard ☐ Visa ☐ Discover ☐ AmEx

Credit Card Number: _____ Expiration Date: _____

Names as it appears on card: _____ 3-digit security code: _____

Billing address and zip code (if different from above): _____

I would like this donation to be a tribute gift (optional):

☐ In honor of: _____

☐ In memory of: _____

Please notify the following person of my tribute donation with a letter:

Name: _____

Address: _____

City/State/Zip: _____

Notes about my donation (optional): _____

Please mail completed form to:

ODA Foundation
1370 Dublin Rd.
Columbus, OH 43215

Or fax completed form to:

614-486-0381

For more information:

www.oda.org
614-486-2700
dentist@oda.org

The ODA Foundation is a 501(c)3 organization as defined by the IRS and gifts made to it are tax-deductible to the extent allowed by the law. Unless otherwise noted, all donations go toward the ODA Foundation Operational Fund to award scholarships and grants.