



THE CHARITABLE ARM OF THE  
MASSACHUSETTS DENTAL SOCIETY

Two Willow Street  
Southborough, MA 01745-1027  
**508.480.9797**

**CONTRIBUTOR CONTACT INFORMATION**

NAME

STREET ADDRESS

CITY/STATE/ZIP

TELEPHONE

EMAIL

**MEMORIAL OR TRIBUTE DONATION INFORMATION**

*Remember a deceased loved one, or recognize a birthday, anniversary, or accomplishment.*

NAME OF THE DECEASED

NAME OF PERSON BEING HONORED

*An acknowledgment letter  
will be sent to the deceased  
person's family or the person  
being honored.*

NAME OF PERSON OR FAMILY TO BE NOTIFIED OF THIS DONATION

STREET ADDRESS

CITY/STATE/ZIP

**CONTRIBUTION AND PAYMENT INFORMATION**

**PLEDGE AMOUNT** \$ \_\_\_\_\_

I would like my contribution to be donated to:

Current Access to Care Initiatives  Other \_\_\_\_\_

**Method of Payment**

Check enclosed payable to: MDS Foundation

MasterCard  Visa  American Express

Amount Due: \_\_\_\_\_

CREDIT CARD #

EXP. DATE

AUTHORIZED SIGNATURE

NAME OF CARDHOLDER (PLEASE PRINT)

Mail Completed Form  
with Payment to:

**MDS Foundation**  
**Two Willow Street**  
**Southborough, MA 01745**

Or FAX to:

**508.449.6167**

The MDS Foundation is a 501(c)(3) organization. All contributions are tax-deductable to the extent permitted by law.

Tax deductible donations may also be made online at: [massdental.org/giving](http://massdental.org/giving)