



Children's Dental Health Program

I would like to make a donation to support the ongoing humanitarian work of the PRASAD Children's Dental Health Program. (If outside the US, please specify currency.)

One-Time donation of:

- \$50 \$100 \$1,000 \$5,000 Other _____

- By credit card
- Check enclosed

Monthly donation as a PRASAD CDHP Partner*

- \$25 \$50 \$100 \$1,000 \$5,000 Other _____

- Automatically from my credit card
- Automatically from my checking account, for US donors only. I have enclosed a voided check.
- I will send a check each month. Please mail me 12 envelopes.
- Please increase my existing donation to \$_____ per month.

Please charge my credit card: Visa MC AMEX Discover

Card number _____ Exp. Date ____/____

Name _____

Address _____

City _____ State _____

Zip _____ Country _____

E-mail _____

Signature _____

Signature required for credit card and checking account withdrawal (EFT)

Date _____

- Please put me on your mailing list

Thank You for your gift!

**When you participate in the Partner Program, you may choose to have your monthly contribution transferred from your checking or credit card account directly to PRASAD Children's Dental Health Program. A record of each gift will appear on your bank or credit card statement. Many employers offer a Matching Gifts Program that may double or triple your donation. Please check with your Human Resources Department and let us know. Contributions by permanent residents and US citizens are fully tax-deductible to the extent permitted by law.*

Mail completed form to:
PRASAD Children's Dental Health Program
465 Brickman Road
Hurleyville, NY 12747