



DONATION SUBMISSION FORM

Name of Chapter: _____

Address: _____

City, State, Zip _____

Chapter Contact: _____

Chapter Orthodontist: _____

E-Mail: _____

Phone: _____

Amount of donation: _____

Received from: _____

Special Instructions: _____

Date: _____

Submitted by: _____

Please submit to:

Michelle Von Fange M.A.

National Executive Director
4565 Hilton Parkway, Suite 203
Colorado Springs, CO 80907
Ph: 719.535.2777