 Donation Form EIN: 52-2380576

The Connecticut Oral Health Initiative through advocacy, coalition building and education, works to create a public conscience that results in oral health for all Connecticut residents.

COHI is a non-profit 501(c) 3 organization. Your gift is tax deductible to the full extent allowed by law.

|  |
| --- |
| **Name** |
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| **Organization** |
| **Address** |
| **City/State/Zip** |
| **Phone** |
| **Email** |

**I would like to make a one – time donation of:**

  $50   $100   $250   $500   $1000  Other Amount $\_\_\_\_\_\_\_\_\_\_\_

**I would like to make a monthly recurring donation of:**

  $10   $20   $30   $40   $50  Other Amount $\_\_\_\_\_\_\_\_\_\_\_

**I would like to make this donation as a tribute to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to make this donation in memory of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please send acknowledgement of the donation to:

|  |
| --- |
| **Name** |
| **Address** |
| **City/State/Zip** |

**Please mail to: COHI, 175 Main Street, Hartford, CT 06106 or go to** [**www.ctoralhealth.org**](http://www.ctoralhealth.org) **to donate online.**

**To pay by credit card:   VISA   MC   Discover**

**CC Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Exp. Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Code** \_\_\_\_\_\_\_\_\_\_\_

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_