



SAN FRANCISCO
 DENTAL SOCIETY
 POLITICAL ACTION COMMITTEE

CONTRIBUTION TO SFDSPAC (ID #941856)

Please fill out COMPLETELY

Please PRINT/TYPE your name: _____ I want to contribute

at the following level to keep dentistry strong in San Francisco:

\$1,000 [] \$500 [] \$250 [] \$100 [] \$50 [] Other \$ _____

[] Check enclosed [] Please bill my: VISA or Mastercard **(please circle one)**

Credit card # _____ Exp. Date: _____ CVV: _____

Billing address for card (w/zip): _____

Phone Number: _____ Email: _____

Signature: _____

Contribution type: Individual [] Company []

If individual, list employer (including self); if company, list company name:

Contributions are not deductible for state or federal income tax purposes.

Please return your completed form to:

SFDSPAC
 2143 Lombard Street
 San Francisco, CA 94123
 Fax: (415) 928-5297 or
 Email: exec@sfds.org