

# SCDA Dental Care Foundation Contribution Form

Contributor's Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## Credit Card Type

Am \_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ Disc \_\_\_\_

Card # \_\_\_\_\_

Security Code \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Mailing address where credit card bill is mailed to if different than above.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Donations can be email to [scda@scda.org](mailto:scda@scda.org) or mailed to 120 Stonemark Lane, Columbia SC 29210