

I want to pledge my support to the Virginia Orthodontic Endowment. I agree to donate the proceeds of full fee orthodontic cases **OR** give a monetary donation based on the following terms:

- ☐ **One full fee case per year for five consecutive years.**
- ☐ One full fee case every other year for ten consecutive years.
- ☐ I can't contribute at this time but will make a commitment of one case per year for five years beginning in 20_____.
- ☐ I can't contribute at this time but will make a commitment of one case every other year for ten years beginning in 20_____.
- ☐ I can't contribute at this time but will make a commitment to give _____ sometime in the future/in my lifetime.
- ☐ I have fulfilled my pledge, but I would like to continue to give _____ per year for _____ more years.
- ☐ I want to give/make a donation of \$1,000.
- ☐ Other: _____.
- ☐ [Donate to the VAOF Endowment Fund online.](#)

Name: _____

Signature: _____ Date: _____

Return to: Virginia Orthodontic Foundation Endowment
c/o Darlene D. Cole
VCU Dept. of Orthodontics
520 N. 12th Street, Room 111
Richmond, VA 23298

Place
Stamp
Here

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c/o Darlene D. Cole
VCU Dept. of Orthodontics
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Richmond, VA 23298