

Dentist Health & Wellness - CDAD Donation Form

I/we would like to support CDAD and its mission.

Donor Name: _____

Address: _____ City/State/Zip: _____

Telephone: _____ E-mail: _____

This is how I would like my/our name(s) to appear in all donor recognition listings for which I/we may qualify: _____

I do not wish my/our name(s) to appear in donor listings.

Enclosed is my/our gift in the amount of:

\$25 \$50 \$75 \$100 Other \$ _____

(Please make check payable to CDAD)

I would like to give \$ _____ on my credit card. My employer's matching gift form is enclosed.

Please charge my: American Express MasterCard Visa Discover

Card # _____ Exp. Date ____/____

Signature _____

I would like to make my gift:

In memory of: _____

In honor of: _____

Please return form to: **CDAD, 860 Winter Street, Waltham, MA 02451**

The success of Dentist Health & Wellness Committee – CDAD and its ability to restore dentists’ health and well-being is centered on a partnership with those who support the services we provide to dentists. By donating to CDAD you can feel assured that your contribution is directly related to the following:

Confidential support, consultation and monitoring for dentists and dental students in
Massachusetts

The development of resources for increasing referrals for substance abuse, mental health
concerns, dentist illness and expanding behavioral health services

Critical research needed to document outcomes and successful strategies for dentist health

Increasing educational lectures throughout the state, available onsite upon request

Support groups for dentists and dental students