

PLEDGE FORM



HAWAII DENTAL ASSOCIATION
FOUNDATION
Helping Hawaii Smile

Yes! I would like to contribute \$ _____ to the HDA Foundation!

I have selected my payment preferences below.

I. **Payment Schedule** – please check one:

- Annual payment** in the amount of \$ _____ per year.
- Semi-annual** in the amount of \$ _____ per payment.
- Quarterly** in the amount of \$ _____ per payment.
- A **One-time payment** in the amount of \$ _____.

II. **I would like to give in other ways.** Please contact me. (Fill out contact information below.)

III. **Payment Method** – please check one:

- My check is enclosed, and made out to the Hawaii Dental Association Foundation.
- I will pay online at <https://www.hawaiidentalassociation.org/>
- I am paying by credit card. If I am making multiple payments, I understand that my credit card contributions will be recorded on or about the 15th of the month.

Name on Card: _____

Billing Address: _____

Visa/MC/Discover/AmEx: _____

EXP: ____ / ____ CVV: ____ Today's Date: _____

Authorization Signature: _____

Phone: _____ Email: _____

The HDA Foundation is an exempt organization as described in Section 501(c)(3) of the Internal Revenue Code.
Our tax ID number is 81-3947506.

Return form to Kim Nguyen, Hawaii Dental Association Foundation, PO Box 2241, Honolulu, HI 96804.
kim@hawaiidentalassociation.net or 808-593-7956.

Mahalo!