

**Yes, I would like to
make a donation to the
eviDent Foundation to
help promote the
prevention and control
of dental and oral
diseases!**

eviDent
Foundation

Please accept my gift of*: \$25 \$50 \$75 \$100 Other \$_____

(please circle or provide amount)

Please send an acknowledgment of my donation (including my donation tax receipt) to:

Title: _____ Name: _____

Name of organisation: _____
(if applicable)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Number: _____

Email: _____

Attached is my cheque/ money order
(made payable to *eviDent Foundation*)

Please debit my credit card: Amex Visa MasterCard
(Diners Club not accepted)

Card number: _____ Expiry date: ____ / ____

Cardholder's name: _____

Cardholder's signature: _____

I'd like to express a preference for my donation to be used for:
(Note: eviDent cannot guarantee your donation will be allocated according to your preference)

*Donations of \$2 or more are tax deductible. A donation receipt will be issued for all donations over \$2, and upon request only for donations under \$2.

The Australian Taxation Office has endorsed the eviDent Foundation (ABN 81 152 078 487) as a Health Promotion Charity and as a Deductible Gift Recipient. eviDent's fundraiser registration number is 11984 (valid 6 June 2012—5 June 2015)

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