

OKMOM DONATION FORM



Please return completed form to:
Oklahoma Dental Association
Attn: OkMOM
317 NE 13th Street
Oklahoma, City, OK 73104
P: 405.848.8873 / F: 405.848.8875

THANK YOU FOR PARTNERING WITH OKMOM!

Through donations, such as yours, we are able to provide critical dental care to people who otherwise would be unable to receive treatment.

[All donation forms must be submitted by November 1, 2019 to receive full recognition.](#)

Company Name: _____ Contact Name: _____
Company Address: _____ Email: _____
City: _____ Phone: _____
State: _____ Zip Code: _____ Fax: _____

The information listed below will assist us in handling your gift in the most efficient manner. Please do not hesitate to contact us should you have any questions regarding this form.

Please indicate the appropriate value:

Total Value of Donated Items: \$ _____

Total Cost to OkMOM: \$ _____

Cost Value Wholesale Value Fair Market Value Retail Value

Other: _____

Shipping/Delivery Information: _____

Name of Shipping/Delivery Contact: _____

Phone: _____ Email: _____

Shipping/Delivery Date: _____

Signature: _____ Date: _____ Title: _____



*The Oklahoma Dental Foundation (ODF), tax ID #73-0678114, is a 501(c)(3) organization and receives 100% of your contribution. All funds donated through this form will be solely used for OkMOM Projects. To make donations to other ODF programs, please contact the Foundation directly at (405) 241-1299.