



International College of Dentists
USA Section Foundation
Monetary Donation Form



Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature (for credit card): _____

Form of Payment

Check Enclosed

Visa

Mastercard

Credit Card: _____ - _____ - _____ - _____

Exp Date - _____ 3 digit code on back - _____

International College of Dentists
USA Section Foundation
610 Professional Drive Suite 201
Gaithersburg, MD 20879-3400
Ph: (301) 251-8861 Fax: (240) 224-7359