The Dr. J. M. Chadha
Orthodontic Educational Foundation
146 Lake Avenue
Metairie, LA 70005

Name: _____

Address (if changed): _____

_____

Please check the option below that you are interested in:

_____ Option 1: I would like to contribute $_____ via check. (The Foundation is moving away from a one-time "pledge" model of donating and towards a "lifetime" or "careerlong" model. Any amount is welcome although $50 per month (i.e. $600 annually) is a common amount.

_____ Option 2: I pay my bills online through my bank and have added the Foundation at the address below as another payee. I will set up an online payment to the Foundation in an amount and frequency of my choosing.

_____ Option 3: I would like the Foundation to direct debit my **CHECKING/ SAVINGS** (circle one) account now. This is a **PERSONAL/ BUSINESS** (circle one) account. This is a **ONE-TIME/ MONTHLY** (circle one) charge of $_____. If monthly, for _____total months. **NAME** (as it appears on account):_____

_____ _____
Signature Date

(PLEASE INCLUDE A VOIDED CHECK!)

_____Option 4: Paypal Donation - https://tinyurl.com/Paypal-COEF
(you can set up one time or recurring monthly payments)

_____Option 5: Venmo us: @chadhaoef

Please make all checks payable to: Dr. J.M. Chadha Orthodontic Educational Foundation and forward this form and payments to:

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IDEA FOR A "WIN/WIN" DONATION:

Have a patient paying in full or other amount make the check out to the foundation. The