

**The Dr. J. M. Chadha
Orthodontic Educational Foundation**
58 Verde St.
Kenner, LA 70065

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!)

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

Dr. J.M. Chadha Orthodontic Educational Foundation
58 Verde St.
Kenner, LA 70065

IDEA FOR A “WIN/WIN” DONATION:

Have a patient paying in full or other amount make the check out to the foundation. The patient receives a tax deduction and you get the credit!

AMAZON:

Amazon will donate 0.5% of the price of your eligible AmazonSmile purchases to the foundation. Go to <https://smile.amazon.com/ch/20-4301379>

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