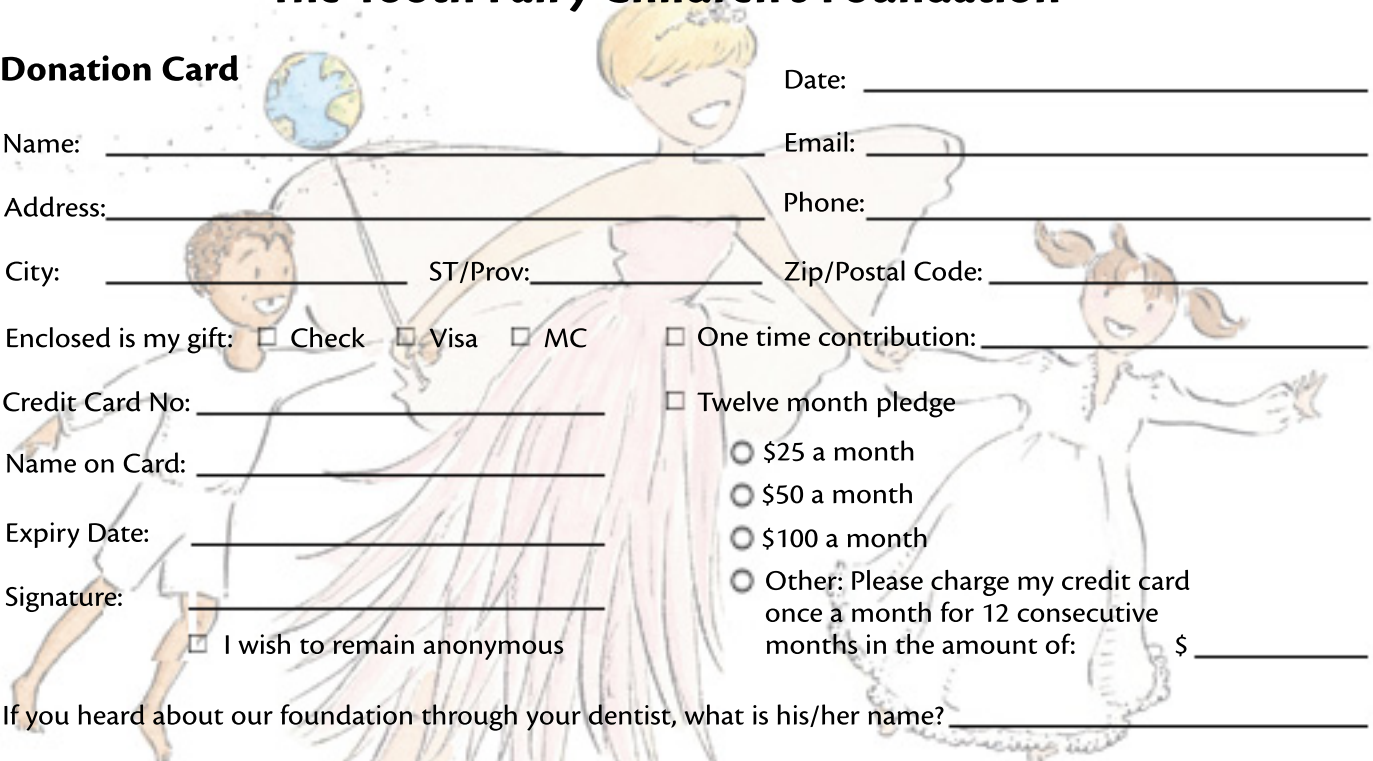


The Tooth Fairy Children's Foundation

Donation Card



Date: _____

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ ST/Prov: _____ Zip/Postal Code: _____

Enclosed is my gift: Check Visa MC One time contribution: _____

Credit Card No: _____ Twelve month pledge

Name on Card: _____

Expiry Date: _____

Signature: _____

I wish to remain anonymous

\$25 a month

\$50 a month

\$100 a month

Other: Please charge my credit card once a month for 12 consecutive months in the amount of: \$ _____

If you heard about our foundation through your dentist, what is his/her name? _____

Canadian Charitable Registration Number: 83082 3415 RR0001

Address: 406 Signal Hill Green SW Calgary, AB T3H 2Y4

Website: www.toothfairykids.org Email: info@toothfairykids.org

Thank you for your contribution! Together we can make a difference, one smile at a time..