

JACK KENT
ORAL & MAXILLOFACIAL SURGERY FOUNDATION

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CHECK ONE BOX ✓

- MY GIFT OF \$ _____ IS ENCLOSED
- I PLEDGE TO DONATE \$ _____ IN _____
(YEAR)

CHECK ONE BOX ✓

- 1 PAYMENT DONATION OVER _____ MONTHS OVER _____ YEARS

PRINT NAME _____

SIGNATURE _____

LEVELS OF GIVING

CHECK ONE BOX ✓

- | | | | | | |
|--------------------------|-----------------|----------------------------|--------------------------|----------------|----------------------------|
| <input type="checkbox"/> | DIAMOND | \$100,000 AND OVER | <input type="checkbox"/> | SILVER | \$10,000 - \$24,999 |
| <input type="checkbox"/> | PLATINUM | \$50,000 - \$99,999 | <input type="checkbox"/> | BRONZE | \$5,000 - \$ 9,999 |
| <input type="checkbox"/> | GOLD | \$25,000 - \$49,999 | <input type="checkbox"/> | FRIENDS | \$4,999 - AND BELOW |

