

Global Dental Relief Appreciation Gift 2020 ORDER FORM

Contact Information

Name: _____ Phone: _____

Address: _____ City _____ State: _____ Zip: _____

Email: _____

Quantity and Message:

I would like to purchase (note quantity below):

_____ 2020 GDR Hat and Purse Appreciation Gift

_____ 2019 GDR Signature "Change The World" Tote Bag and Pouch

I would like to have the gift card signed as follows:

- Practice Name or Personal Signature:

- Blank so I can sign personally.

Shipping Method:

_____ I would like to have all gifts sent to me at the address listed in the contact information.

_____ I would like to have each gift sent directly to my attached list for an additional \$5 per package.

Total Amount Due:

I am purchasing _____ (#) Appreciation Gifts at \$30 each for a total of \$ _____

I would like to have _____ (#) gifts sent directly to recipient(s) at an additional shipping cost of \$5 per package for a total of \$ _____.

Total Amount Due: \$ _____.

Purchase Gift Without Greeting Card Donation:

I would like to purchase (note quantity below) gifts without the donation greeting card.

_____ 2020 GDR Hat and Purse Appreciation Gift

_____ 2019 GDR Signature "Change The World" Tote Bag and Pouch

Gift only purchases are not wrapped. Each one costs \$20, including shipping to one address. (\$5 for each addtl)

I am purchasing _____ number of gifts w/o cards at \$20 each for a total of \$ _____

Total Amount Due: \$ _____.

Payment Method

Credit Card Number _____

Expiration Date _____ Security Code _____

OR: Enclosed is my check in the amount of \$ _____

To order, mail this completed form to Global Dental Relief, 2090 South Grant Street * Denver, CO 80210 or scan and email to info@globaldentalrelief.org. Gifts will be shipped within two weeks of receiving order. Questions- call 303-858-8857.