

# Global Dental Gift Cards 2019 ORDER FORM

## Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

## Quantity and Message

I would like to purchase (note quantity below):

\_\_\_\_\_ 10-pack Global Dental Relief Holiday Cards

\_\_\_\_\_ Variable Amount Global Dental Relief Donation Gift Cards (\$25-\$100)

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

Practice Name or Personal Signature: \_\_\_\_\_

## 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.

## Total Amount Due

I am purchasing \_\_\_\_\_ number of 10-pack Global Dental Relief Holiday Cards at \$50 per set for a total of \$\_\_\_\_\_.

I am purchasing \_\_\_\_\_ number of Variable Amount Global Dental Relief Donation Gift Cards at \$\_\_\_\_\_, \$\_\_\_\_\_, \$\_\_\_\_\_, \$\_\_\_\_\_ each for a total of \$\_\_\_\_\_.

Total Amount Due: \$\_\_\_\_\_.

## Payment Method

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

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](mailto:info@globaldentalrelief.org). Gifts will be shipped within two weeks of receiving order. Questions, call 303-858-8857.*