



DONATION SUBMISSION FORM

Name of Chapter: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Chapter Contact: \_\_\_\_\_

Chapter Orthodontist: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Amount of donation: \_\_\_\_\_

Received from: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Please submit to:

Teresa D. Gast, CPA

Partner

Cain, Watters & Associates, P.L.L.C.

RE: Smile for a Lifetime – National Treasurer / Secretary

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Dallas, TX 75240