



**Yes! I want to make a gift to support La Clinica de Tolosa because dental care is not a privilege, it's a necessity.**

\$1000     \$500     \$250     \$100     \$\_\_\_\_\_

Enclosed is my check, payable to **Partnership for the Children**

I authorize my  VISA or  MasterCard be billed for the amount indicated above.

Card Number \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec# \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name/s: \_\_\_\_\_  
(as you wish it to appear in acknowledgments and publications)

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

This gift is in honor / in memory (circle one) of \_\_\_\_\_

Name & address of the person/s we should notify of this commemorative gift:

\_\_\_\_\_  
\_\_\_\_\_

I / we prefer this gift remain anonymous.

*Partnership for the Children / La Clinica de Tolosa is a 501(c)(3) organization,  
Federal Tax ID # 77-0346861*

*Mail to:*

**Partnership for the Children  
P.O. Box 15259  
San Luis Obispo, CA 93401**