

The Texas Oral Health Coalition, Inc.



www.txohc.org



DONATION FORM

It shall be the mission of the Texas Oral Health Coalition to promote oral health across the lifespan by advocating for optimal oral health for all Texans through statewide partnerships.

Thank you for your willingness to support our mission with your monetary or in-kind donation.

Please remit form to:

TxOHC
4614 Bowie Dr.
Midland, TX 79703
Phone 432) 413-8843
Fax 432) 689-7507
b.stewart@txohc.org



DONOR NAME: _____

DONOR BUSINESS NAME: _____

DONATED ITEM: _____

DONOR PHONE: _____ EMAIL: _____

AMOUNT OF MONETARY DONATION: \$ _____

IN-KIND DONATION(S) DESCRIPTION OF ITEM(S):

OTHER DETAILS (where to pick up supplies, expiration dates, limitations, etc.):

YEAR: _____ (appropriate for antiques, wine, spirits, etc. for auction/door prize items)

FAIR MARKET VALUE: \$ _____ (please consult tax adviser on tax deductible amount)

SIGNATURE: _____

TxOHC is a 501c3 nonprofit TIN #26-0890575
Donations of \$250.00 and over will receive a tax acknowledgment letter via email.

We are grateful for your Donation – Thank You!

