



Support PA Coalition for Oral Health

Our mission: To improve oral health for all Pennsylvanians by uniting stakeholders to advance advocacy, policy, education and innovative approaches

With your help, PCOH advances policies and practices that increase access to oral health services, education, and prevention, especially for our most under-resourced Pennsylvanians, including:

- **Supporting** Pennsylvania oral workforce development
- **Improving** oral health for Pennsylvania's most vulnerable populations
- **Advancing** and advocating for oral health policy and infrastructure across all systems
- **Advocating** for community water fluoridation

Our Support Levels:

PCOH Supporter	Up to \$999
PCOH Partner	\$1,000-\$4,999
PCOH Leading Partner	\$5,000 - \$9,999
PCOH Distinguished Partner	\$10,000-\$49,999
PCOH Visionary Partner	\$50,000+

Supporters will be recognized in our annual report.

Partners will be recognized in our annual report, and their organization's logo with weblink will be highlighted on our website. Higher level partners receive increased levels of visibility at face-to-face meetings, virtual meetings, on the PCOH website, and in other publications.

Please complete the brief form on the back of this page to submit your donation by mail.

To donate securely online, please visit www.paoralhealth.org/donate.

Questions? Give us a call at 724-972-7242 or email info@paoralhealth.org.

I would like to join PCOH as a:

- PCOH Supporter (Up to \$999)
- PCOH Partner* (\$1,000-\$4,999)
- PCOH Leading Partner* (\$5,000-\$9,999)
- PCOH Distinguished Partner* (\$10,000-\$49,999)
- PCOH Visionary Partner* (\$50,000+)

*We will contact you to obtain your logo and website address for publication.



Please provide your name and your address so that we may send you a written acknowledgment of your donation and tax receipt.

First Name _____ Middle Initial _____ Last Name _____

Job Title _____

Organization _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

I would like this donation to be anonymous. Please do not publish my name.

Donation amount:

\$50 \$100 \$250 \$500 \$1,000 \$5,000 \$10,000 \$20,000

Other: _____

Paying by:

Check Payable To: PA Coalition for Oral Health
PO Box 242
Delmont, PA 15626

Credit card: Payments can be made securely online at www.paoralhealth.org/donate.

Please send me an invoice with an electronic payment option.

I have remembered PCOH in my will or estate plan.

The PA Coalition for Oral Health is a 501 (c) (3) nonprofit organization – contributions to which are tax deductible to the fullest extent permitted by law. The official registration and financial information of the PA Coalition for Oral Health may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

