

## 2024 Corporate Donor Information 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 Corporate Donor Levels:**

PCOH Visionary Partner	\$50,000 +
PCOH Distinguished Partner	\$10,000 +
PCOH Leading Partner	\$5,000 +
PCOH Connecting Partner	\$2,500 +
PCOH Partner	\$1,000 +
PCOH Supporter	Up to \$999

**Partners** will be recognized in our annual report and in weekly newsletters, 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, social media, and in other publications.

**Supporters** will be recognized in our annual report.

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

Please complete the brief form on the back of this page to submit your donation by email to <a href="mailto:info@paoralhealth.org">info@paoralhealth.org</a> or by postal mail to PCOH, PO Box 242, Delmont, PA 15626.

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



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		
Organization's name as you	would like it to appear in I	PCOH's Annual Report:	
☐ I would like this donation	to be anonymous. Please	e do not publish my name.	
I would like to support Po	COH in 2024 as a:		
☐ PCOH Visionary Partner (	\$50,000 +)		
☐ PCOH Distinguished Parti	ner (\$10,000 +)		
☐ PCOH Leading Partner (\$	5,000 +)		
☐ PCOH Connecting Partne	r (\$2,500 +)		
☐ PCOH Partner (\$1,000 +)	)		
☐ PCOH Supporter (up to \$	999)		
Amount of donation: Paying by:			Platinum Transparency 2024
☐ Check Payable To:	PA Coalition for Ora PO Box 242 Delmont, PA 15626	l Health	Candid.
☐ Credit card:	Payments can be mawww.paoralhealth.c	ade securely online at org/donate.	

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.

 $\ \square$  Please send me an invoice with an electronic payment option.