

# Donation Form

UNC School of Dentistry's Miles for Smiles Fund #6367

## Contact Information

Please print legibly

Last	First	Middle
Address		Apartment
City	State	Zip

## Total Commitment

\$

\_\_\_\_\_  
Total Commitment Amount

## Method of Payment

Please check your method of payment

- Check      Payable to "UNC - Chapel Hill"
- Charge      Please charge my/our contribution of \$\_\_\_\_\_ to:
- MasterCard
- Visa
- American Express
- Card Number: \_\_\_\_\_
- Expiration Date (Month/Year): \_\_\_\_ / \_\_\_\_
- Bank Draft      Please send appropriate form
- Stock            For transfer assistance please contact Office of Advancement Services, 919-962-8189

Please mail completed form with payment to:  
Office of University Development | PO Box 309 | Chapel Hill, NC 27514-0309  
phone 919-962-2336 | fax 919-962-2387 | [www.giving.unc.edu](http://www.giving.unc.edu)