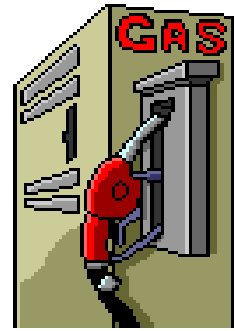


Detroit Dental Review



Prize Donation Form

Company Name: _____

Address: _____

City / State / Zip: _____

E-mail: _____

Prize Item: _____

Value: _____

How would you like your name to appear in the program:

Would you like Detroit District Dental Society to purchase a gift card and invoice your company? Yes _____ No, we will purchase _____



Deadline for prize donations is November 6, 2009

Return to: Detroit District Dental Society
3011 W Grand Blvd Ste 460
Detroit, MI 48202

313-871-3500 office 313- 871-3503 fax
teeth@detroitdentalsociety.com

