



Southern Illinois University
School of Dental Medicine



Special Response form for:

Name: _____

Address: _____

Please find enclosed my gift* of \$_____.

*All gifts will be directed to the School of Dental Medicine Development Fund (3101), unless otherwise specified below:

I would prefer the School of Dental Medicine to direct my gift as follows:

- \$_____ to the Development Fund (3101) to support new initiatives, facility improvements and other program enhancements, and/or
\$_____ to the Faculty Recruitment & Retention Fund (3111) to support faculty recruitment and retention efforts, and/or
\$_____ to the Oral Health Is Better Health Fund (3125) to support our community dentistry program, and/or
\$_____ to the Student Grant Fund (7014) to support student achievement through scholarships, and/or
\$_____ to a specific fund, department or program of the School of Dental Medicine, please specify: _____

Gifts to the School of Dental Medicine are made through the SIUE Foundation.

Please mail to: SIU School of Dental Medicine, Office of Development, 2800 College Avenue, Bldg. 273, Alton, IL 62002

_____ My check is enclosed, made payable to the SIUE Foundation.

_____ I wish to pay by credit card: _____ VISA _____ MasterCard
_____ Discover _____ American Express

Expiration Date: _____

Card Number

Signature

The SIUE Foundation is a 501(c)(3) organization. Contributions are tax-deductible to the extent allowable by law.