

## Support PA Coalition for Oral Health

**PA Coalition for Oral Health’s 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 vulnerable 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.

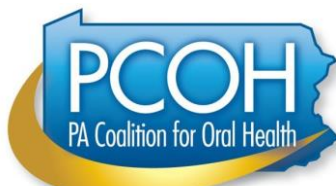
**Partners** will be recognized in our annual report, and their logo with weblink will be highlighted on our website. Higher level partners receive increased levels of visibility at face-to-face meetings, virtual meetings, on the PCOH website, and in other publications.

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

*To make your donation securely online, please visit <https://paoralhealth.org/donate>.*

Questions? Give us a call at 724-972-7242 or email [info@paoralhealth.org](mailto: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 gift and tax receipt.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Name/Organization name **as you would like it to appear in our annual report:**

\_\_\_\_\_

Please do not publish my name.

**Donation amount:**     \$50   \$100   \$250   \$500   \$1,000    Other: \_\_\_\_\_

**Sponsorship amount:**   \$1,000   \$5,000   \$10,000   \$50,000    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 <https://paoralhealth.org/donate>.

**Please send me an invoice.**

**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

