

2019 Pouring from the Heart

I will not be able to attend, but I would like to make a tax-deductible donation to support indigent patient care and assist underprivileged patients who need dental treatments.

Name _____

Street _____

City _____ State _____ ZIP _____

Telephone () _____

Enclosed is a check, payable to the Rinehart Foundation *(Please indicate Pouring from the Heart on the memo line)*

\$ _____ Payment/Amount Enclosed *(Checks should be made payable to the Rinehart Foundation)*

Please charge my: Visa Mastercard Discover American Express

Account # _____ Exp. Date _____

Cardholder _____

(Print name)

Signature _____ Date _____