



MINISTRY DENTAL CENTER



Saint Michael's
FOUNDATION

To help provide dental care to our friends and neighbors, please accept this donation to
Ministry Dental Center for the following needs:

\$ _____

To be used for Ministry Dental Center Operations

This account subsidizes financial losses and funds new equipment for Ministry Dental Center's immediate needs.

\$ _____

To be used for Ministry Dental Center's Endowment Account

This account provides annual earnings that will help ensure Ministry Dental Center's services will remain available into the future.

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Signature _____

* Please mail this card along with your donation to: Saint Michael's Foundation, 900 Illinois Ave, Stevens Point, WI 54481