



**Missouri Dental
Political Action
Committee**



No one cares more or advocates for you like the MDA. But we can't have success addressing issues affecting the dental profession without your help.

Make your voice heard! Give to MODentPAC today!

Use the form below to give one-time or to establish a monthly recurring contribution.

Annual Contribution Levels Include

- **Student Capital Club** – \$50
- **New Dentist Capital Club** – \$150
- **Capital Club** – \$250
- **Capital Elite** – \$500
- **Diamond Club** – \$1,000
- **Double Diamond Club** – \$2,000+

Double Diamond Club Level: Members can be in the Double Diamond Club by giving \$2,000 to MODentPAC or by giving \$1,000 to MODentPAC and privately giving \$1,000 to a candidate of their choosing (for a total of \$2,000). If you wish to give this total \$2,000 amount through the combination of a MODentPAC donation and private donation, please contact Halie Payne at the MDA who will contact you to ensure your donation is accurately noted.

ONE-TIME CONTRIBUTION AMOUNT	
<input type="checkbox"/> Student Capital Club – \$50 <input type="checkbox"/> Capital Club – \$250 <i>Indicate specific amount if more \$ _____</i> <input type="checkbox"/> Diamond Club – \$1,000 <i>Indicate specific amount if more \$ _____</i>	<input type="checkbox"/> New Dentist Capital Club – \$150 <input type="checkbox"/> Capital Elite – \$500 <i>Indicate specific amount if more \$ _____</i> <input type="checkbox"/> Double Diamond Club – \$2,000+ <i>Indicate specific amount if more \$ _____</i>
RECURRING MONTHLY AMOUNT	
<input type="checkbox"/> \$175 (Double Diamond Club) <input type="checkbox"/> \$100 (Diamond Club) <input type="checkbox"/> \$75 (Capital Elite)	<input type="checkbox"/> \$50 (Capital Elite) <input type="checkbox"/> \$25 (Capital Club) <input type="checkbox"/> Other <i>Please indicate amount \$ _____</i>

PAYMENT INFORMATION		
<input type="checkbox"/> Check (Payable to MDA) <input type="checkbox"/> Credit Card (VISA/MC/DISC Only – American Express NOT Accepted)		
Card Number	Exp Date	CSV
Name on Card		
ADA Membership #		
Phone	Email	
Credit Card Billing Address		
City	State	Zip

FAX OR MAIL CREDIT CARD PAYMENTS / MAIL FORM & CHECK PAYMENTS

Missouri Dental Association, 3340 American Ave, Jefferson City MO 65109
 Fax 573-635-0764 | Questions 573-634-3436 or info@modental.org