

GENERAL - SCHOOL OF DENTISTRY

- _____ School of Dentistry Fund
- _____ Alpha Omega Fraternity Student Forum
- _____ Arnold P. Morawa Visiting Lectureship
- _____ Center for Biorestoration of Oral Health
- _____ Comm. Dentistry/Comm. Dental Center
- _____ Dentistry Scholarships
- _____ Indigent Patient Gift
- _____ Instructional Technology/Dental Informatics
- _____ Lee W. Jones Student Scholarship Fund
(Minority Scholarships)
- _____ Library Fund
- _____ Migrant Dental Program
- _____ Student Research Program
- _____ Table Clinic Program
- _____ Upper Peninsula Dental Scholarship Fund

BIOLOGIC AND MATERIALS SCIENCES

- _____ BMS Departmental Research/Gifts
- _____ Biomaterials/Research & Fellowships
- _____ Facial Pain Clinic/Research
- _____ Neurosignaling & Pain/Research & Fellowships
- _____ Microbial Pathogenesis/Research & Fellowships
- _____ Prosthodontics
- _____ Joseph A. Clayton Prosthodontic Graduate
Scholarship Fund

**CARIOLOGY, RESTORATIVE SCIENCES,
& ENDODONTICS**

- _____ Cariology, Restorative Sciences & Endodontics
- _____ Endodontics
- _____ Endodontics Microscope Fund

**ORAL MAXILLOFACIAL SURGERY/
HOSPITAL DENTISTRY**

- _____ Arnold B. Schaffer Resident Education Fund
- _____ Oral Medicine/Pathology/Surgery
- _____ Oral Surgery
- _____ Chalmers J. Lyons Endowed Visiting Lectureship

ORAL MEDICINE/PATHOLOGY/ONCOLOGY

- _____ Oral Pathology
- _____ Oral Diagnosis & Radiology

ORTHODONTICS AND PEDIATRIC DENTISTRY

- _____ Orthodontic Fund for Excellence
- _____ Orthodontic Graduate Fellowships/Scholarships
- _____ Orthodontic Alumni Clinic
- _____ Pediatric Dentistry Fund for Excellence
- _____ Pediatric Dentistry Clinic (Easlick)
- _____ Indigent Patient Gift Fund

PERIODONTICS/PREVENTION/GERIATRICS

- _____ Graduate Periodontics
- _____ Sigurd P. Ramfjord Endowed Visiting
Lectureship
- _____ Research in Periodontics
- _____ Dental Hygiene
- _____ Dorothy G. Hard Student Loan Fund

ENTITY ID



Name _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ H W

Gift Amount _____ VISA _____ MC _____

Account Number _____ Exp. Date _____

Signature _____

For office use only

PLEDGEID

ALLOCATION

CAMPAIGN

REUNION

UNIT