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

SCHOOL OF DENTISTRY • MICHIGAN • University of

UNIT

Name _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ H ☐ W ☐

Gift Amount _____ VISA _____ MC _____

Account Number _____ Exp. Date _____

Signature _____

For office use only

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