

SPONSOR THE DENTAL CARE OF A NEIGHBOR IN NEED

Please consider making a charitable contribution to “sponsor” a HealthLink dental appointment. Each visit to the clinic makes a positive, lasting impact on the life of our neighbors struggling to pay their bills and support their families.



Sponsor a Patient Form

Name _____ Date _____

Business Name (if applicable) _____

Address _____ City, ST Zip _____

Phone _____ Email _____

Typical Services Provided to Patients

Oral Exam \$45
X-Ray \$75
Cleaning \$95
Filling \$175
Deep Cleaning \$250
Extraction \$250
Night Guard \$450
Root Canal \$900
Crown \$950

Payment Option

Check

Make payable to: HealthLink Dental Clinic

Credit Card

Visa Mastercard Discover Am Ex

Card # _____

Exp Date: _____ Security Code: _____

Signature _____

Your Total Donation Amount: \$ _____

Secure your sponsorship online:
www.healthlinkdental.org/sponsorpatient

Or kindly return this completed form with your contribution to:

HealthLink Dental Clinic
Attn: Sponsor a Patient
1775 Street Road
Southampton, PA 18966

