## Giving opportunities to **SHARE THE MISSION** of the College

<table>
<thead>
<tr>
<th>Circle</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Platinum Circle</strong>*</td>
<td>$100,000 +</td>
<td></td>
</tr>
<tr>
<td><strong>Gold Circle</strong>*</td>
<td>$25,000 - $99,999</td>
<td></td>
</tr>
<tr>
<td><strong>Silver Circle</strong>*</td>
<td>$10,000 - $24,999</td>
<td></td>
</tr>
<tr>
<td><strong>Ambassador Circle</strong>*</td>
<td>$5,000 - $9,999</td>
<td></td>
</tr>
<tr>
<td><strong>Sustainer</strong>*</td>
<td>$1,000 - $4,999</td>
<td></td>
</tr>
<tr>
<td><strong>Benefactor</strong></td>
<td>$500 - $999</td>
<td></td>
</tr>
<tr>
<td><strong>Patron</strong></td>
<td>$250 - $499</td>
<td></td>
</tr>
<tr>
<td><strong>Friend</strong></td>
<td>$100 - $249</td>
<td></td>
</tr>
<tr>
<td><strong>Contributor</strong></td>
<td>up to $99</td>
<td></td>
</tr>
</tbody>
</table>

*may be pledged over five years

### Planned Giving

Utilizing wills, legacies, trusts and life insurance policies may be arranged by contacting a member of the GVF staff at the College Office.

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**Make your donation today on-line, by mail or fax**

Please click the on-line donation button to the right, or complete and print the form below and mail or fax it, along with your donation check or credit card information, to:

**Global Visionary Fund**  
**International College of Dentists**  
G3535 Beecher Road, Suite G  
Flint, Michigan, 48532-2700 USA  
Tel: 1.810.820.3087  Fax: 1.810.265.7047  Email: office@icd.org

Please accept my donation of US$ ________________

Name ____________________________________________

Email __________________________________________

Address __________________________________________

________________________________________________

City _____________________________________________

Country _________________________________________

Payment Method:  
○ Check Enclosed  
  (payable to ICD Global Visionary Fund)

○ VISA  ○ MasterCard  ○ Amex

Card Number ______________________________________

Exp. Date (MM/YY) ____________________ CV __________

Signature _______________________________________

Phone Number __________________________________

Postal Code __________