

## Mission

is to *advance* the orthodontic specialty by *supporting* quality education and research that leads to *excellence* in patient care.

### HOW TO LEARN MORE ABOUT THE FOUNDATION

- Like us on Facebook
- Follow us on Twitter
- Visit our website



American Association of Orthodontists Foundation  
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aaof@aaortho.org | 314.292.6546

[www.aaofoundation.net](http://www.aaofoundation.net)

 AAOF |  @AAOF EVP



## HAPPY WITH YOUR NEW SMILE?



## GRATEFUL PATIENT PROGRAM

The American Association of Orthodontists Foundation (AAOF) is the philanthropic arm of the American Association of Orthodontists (AAO). The AAO Foundation funds research and education that will provide improved oral healthcare regimens for patients.



As a member of the AAO, your orthodontist has been a strong supporter of the foundation. As the recipient of a beautiful smile, you can demonstrate your gratitude and honor your orthodontist by making a contribution to the AAO Foundation, a 501 (c)(3) charitable organization. This is a special way to say “thank you” while directly supporting education and research, and impacting the future of orthodontics. It’s a win-win because you receive the benefit of the tax deduction, and your orthodontist will receive the giving level recognition among his/her peers through the AAOF. Please mail the attached form, which is also available on our website at [www.aofoundation.net/patients](http://www.aofoundation.net/patients)



## WHAT DONATIONS TO THE AAO FOUNDATION SUPPORT:

Annually award \$800,000 in research grants to advance orthodontics and help support orthodontic faculty. These awards go directly to faculty researchers at our university orthodontic programs.

Assist orthodontic residents in attending the American Association of Orthodontists Annual Meeting. During the meeting, they attend premiere lectures, see the latest technology and network with other orthodontists.

Provide sponsorship support annually to the American Association of Orthodontists Annual Meeting as well as the Graduate Orthodontic Residency Program.

*Foundation funding ensures the future viability of the specialty by investing in the next generation of educators and researchers.*

## WE WANT TO HEAR FROM YOU!

Please provide your name and address and a tax receipt will be issued for your contribution.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### IN HONOR OF

Name of Orthodontist \_\_\_\_\_

Office Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

### Donation Amount

\$500  \$1,000  \$2,500  \$5,000

Other \_\_\_\_\_

Enclosed is my:  One Time  Monthly  Annual donation of \_\_\_\_\_

### PAYABLE BY:

Cash

Check made payable to the AAO Foundation

Mastercard  Visa  AmEx  Discover

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Zip Code \_\_\_\_\_

Total I have pledged to contribute: \_\_\_\_\_

I wish to remain anonymous

Please share how your life has been impacted by your orthodontist: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_