



Canadian Friends of DENTAL VOLUNTEERS FOR ISRAEL

THE TRUDI BIRGER CHILDREN'S DENTAL CLINIC a

E-mail: dentist@canadianfriendsofdvi.org



*There is no finer or meaningful recognition
than a gift that offers health and hope to others
Your generosity is greatly appreciated by the children who are treated
at the clinic and who have no alternative opportunity to receive dental care.*

Name _____

Address _____ City _____ Province _____ Postal Code _____

Phone _____ E-mail _____

Enclosed is my gift to **Canadian Friends of DVI**. Please make cheques payable to : Canadian Friends of DVI

Please charge my gift to:

Visa Mastercard American Express Amount \$ _____

Card Number _____ Exp _____ Signature _____

My gift is:

in tribute a memorial in recognition of services rendered

other (please describe) _____

Please send notice of this gift to:

Name _____

Address _____ City _____ State _____ Zip _____

Canadian Friends of Dental Volunteers for Israel
c/o Dr Victor Bederman
69 Yonge St.
PO Box 17001
Toronto, Ontario
M5E 1K0

From: _____

Place
Stamp
Here

OUR MISSION



is to prevent the underprivileged children

of Jerusalem from suffering dental pain

by providing quality dental care and education.