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CB 7450, UNC School of Dentistry

Chapel Hill, NC 27599-7450



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I pledge a total gift of \$ _____ over a _____ year period (*up to 5 years*) to support the UNC School of Dentistry.

• Your gift can be for the Campaign generally or designated for a particular fund or academic area of the School.

- Carolina First Campaign for the School of Dentistry
 - Student Aid
 - Facilities
- Faculty Support
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• Annual payments will be made:

- Monthly
- Quarterly
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• Enclosed is my initial payment of \$ _____

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