



2018 PEDIATRIC DENTISTRY ALUMNI DUES
Remittance Form for Check Payment

Alumni Name: _____

Dear Pediatric Dentistry Alumni:

Thank you for submitting these dues (\$100). These funds go to help support alumni events and help you reconnect with your colleagues.

Instructions: Please make check payable to **UC Regents** with check memo line “**Pediatric Dentistry Alumni Dues**” and mail to

University Development
Attention Mike Eccles
220 Montgomery Street, Suite 220
San Francisco, CA 94143-0248

*Please remit this form with your payment to ensure proper tracking, AND send an e-mail to michael.eccles@ucsf.edu with the subject line “PD Alumni dues sent” to receive acknowledgment of your dues being received.

UCSF Pediatric Dentistry Alumni Dues for Year 2018
Fund Number: 2097
Amount: \$100