



AAID Foundation

Thank you for Volunteering for the “Wish a Smile” Program

A program for teens and young adults who are indigent and have congenitally missing teeth

First Name _____ Last Name _____

Office Address _____

City _____ State _____ Zip _____

Country _____ Office Phone _____

Fax _____ Email _____

Are you a (Please circle)

- a. General Dentist b. Specialist (Specialty _____)

Would you consider treating a patient that is medically fragile or with a disability?

- a. Yes b. No

Do you have hospital privileges?

- a. Yes b. No

If yes, which hospital(s) _____

Is your office wheelchair accessible?

- a. Yes b. No

Circle all dental organizations to which you belong

- a. AAID b. ADA c. AGD d. AACD e. AAP f. ACP

What prompted your decision to volunteer for the “Wish a Smile” program?

- a. A colleague who volunteers. Who? _____
- b. Received mail or eGram from the AAID Foundation
- c. Other dental organizations have noted the program. _____
- d. I have worked with young adults with congenitally missing teeth
- e. I want to make a difference and this program appeals to me
- f. Other _____

Signature _____

Complete and cut here and fax to 312-335-9090

Please send this form to: Afshin Alavi – afshin@aaid.com – Fax: (312) 335-9090

Questions? Call (312) 335-1550 Ext. 229