

Become a L.E.A.D. Partner Today!

Annual Support Form - 2025



Connecticut Oral Health Initiative

Leadership in Equity and Access to Dental



Save time and submit online at ctoralhealth.org/LEADPartner

Partner Information

Company/Organization _____ Contact Name _____

Individual Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

L.E.A.D. Partner Levels (please select)

_____ Avenger - \$5,000

_____ Hero - \$2,500

_____ Champion - \$1,000

_____ Crusader - \$500

_____ Guardian - \$250

_____ Protector - \$100

_____ Defender - \$50

_____ Ally - \$25

Great for organizations!

Great for students!

Please select (if applicable)

_____ Make my contribution anonymous

_____ I am interested in learning more about volunteer/leadership opportunities

Payment Method/Information

Please select: _____ Paper Check (enclosed, payable to COHI) _____ Credit Card

Card Payment

Card # _____ Exp. Date _____ CVV # _____

Cardholder Name _____ Cardholder Signature _____

_____ I authorize **Connecticut Oral Health Initiative, Inc.** to charge the amount specified to this card.

Return this form to: COHI, 53 Oak St., Hartford, CT 06106

Contact: Gary Turco, Executive Director, gary@ctoralhealth.org

Phone: 860-246-2644

COHI is a statewide 501(c)(3) nonprofit organization with a mission to strengthen and safeguard access to quality, affordable oral health services for all Connecticut residents. All contributions are tax deductible. Tax ID # 52-2380576.

