

# OPERATION: Healthy Smiles 2015



*Help ensure access to dental care for underserved children in SLO County*

- FACT:** As a dental home, Tolosa Children's Dental Center has provided comprehensive care for thousands of Denti-Cal insured and uninsured children each year since 2003.
- FACT:** Tolosa Children's Dental Center is the only safety-net provider to specialize in pediatric dentistry in SLO County.
- FACT:** Tolosa Children's Dental Center is now seeing over 5,000 children each year.
- FACT:** Due to recent changes in Medi-Cal eligibility brought on by the Affordable Care Act, demand for services at Tolosa Children's Dental Center has increased dramatically.
- FACT:** The majority of Tolosa Children's Dental Center operating income is from Denti-Cal insurance reimbursements. The low rate of reimbursement is not enough to support all costs associated with the provision of care for all of these children.

**Your donation at any level is most welcomed and appreciated!**

**Donations of \$250 or more will be acknowledged, as follows, on the "Wall of Recognition" in the reception area of Tolosa Children's Dental Center in Paso Robles.**

- ☐ **Happy Smile Donor** ..... \$250 - \$499
- ☐ **Healthy Smile Donor** ..... \$500 - \$999
- ☐ **Radiant Smile Donor**..... \$1,000 - \$2,499
- ☐ **Brilliant Smile Donor**..... \$2,500 - \$4,999
- ☐ **Precious Smile Donor**..... \$5,000+
- ☐ **\$100** ☐ **\$75** ☐ **\$50** ☐ **\$25** ☐ **Other**\_\_\_\_\_



**Make your tax deductible donation to Partnership for the Children by 12/31/2015.**

**Credit card donations can be made online at [www.tolosachildrendental.org](http://www.tolosachildrendental.org), or mailed to:**

**Partnership for the Children | P.O. Box 15259 | San Luis Obispo, CA 93406**

- ☐ **Enclosed is my check, payable to: PARTNERSHIP FOR THE CHILDREN**

*Partnership for the Children / Tolosa Children's Dental Center is a 501(c)(3) nonprofit organization, Federal Tax ID #77-0346861*

Name(s) \_\_\_\_\_

(As you wish it to appear in acknowledgement; please print)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

- ☐ **I prefer this gift remain anonymous**