

Thank you for agreeing to participate in TeamSmile's Share A Smile Campaign! We're thrilled to have your practice join us in bringing free dental care and oral health education to underserved children. The Impact of Your Participation

Since our inception in 2007, TeamSmile has conducted over 325 programs, served more than 60,000 children and provided over \$22 million in free dental care and education. On average, each TeamSmile program brings together 125-175 volunteers, serves approximately 250 children and delivers \$75,000-\$125,000 in no-cost care to those who need it most.

Our mission doesn't stop when the last volunteer packs up. Through the TeamSmile Dental Home Project, powered by DentaQuest, we connect at-risk children to long-term dental care providers in their communities. Whether through Medicaid or pro bono services, more than 5,700 children have been paired with local dentists—ensuring sustained, dental care that lasts far beyond the stadium gates. This long-term vision means our work isn't just about one day of care—it's about lifelong health and opportunity.

Your office's support – whether by seeking donations from patients/staff, offering discounts for donations, and/or matching contributions - directly fuels this mission. Together, we'll share countless smiles and build healthier futures for children across the country.

Next Steps:

Complete and sign the attached Share A Smile Campaign Agreement Form, selecting your participation and matching options. Please return the form via email to angela@teamsmile.org. We'll follow up within three business days to confirm your materials and answer any questions. Please don't hesitate to reach out to me directly at 816-541-0660 or angela@teamsmile.org with any questions. We look forward to partnering with you and celebrating the smiles you help create!

Angela Brewer **Development Director**



"Share A Smile" Campaign Agreement Form

Thank you for partnering with TeamSmile's "Share A Smile" campaign!
Please complete this form to participate.

1. Dental Office Information
Office Name:
Practice Address:
City, State, Zip:
Phone:
Email:
Website (if applicable):
2. Primary Contact
Contact Name:
Title/Position:
Direct Phone:
Contact Email:
3. Where Did You Learn About "Share A Smile"
4. Are You A TeamSmile Dental Home
[] Yes
[] No, but we are interested in learning more about the Dental Home Project [] No
5. Participation Options (select one)
[] Option A: Donate \$50 and receive \$100 off today's service.
[]Option B: Donate a custom amount of \$ to support both your office and
TeamSmile's mission.
Note: Discounts apply only to services rendered on the date of donation.
6. Matching Donations
Will your office match donations?
[] Yes, up to \$
[] No

7. Payment Information

All payments will be online via the QR Code provided. Donors must fill in your Dental Office Name when asked before finalizing donation for your office to receive credit.

8. Terms & Conditions

- Donations are non-refundable but are tax-deductible to the fullest extent allowed by law.
- The \$100 discount applies only to services provided on the same day the \$50 donation is received.
- TeamSmile will provide a tax receipt.
- Funds will directly support TeamSmile's programs delivering free dental care and education to underserved children.
- The Share A Smile (2025) campaign will run through December 31, 2025
 - a. All participating offices will be mentioned in the TeamSmile 2025 Annual Report.
 - b. All offices that raise a minimum of \$1,000 will receive a "Proud TeamSmile Supporter" Window cling to display.
 - c. The top 5 fundraising offices will be recognized on TeamSmile social platforms (LinkedIn & Facebook).
 - d. The top fundraising office will be featured in one of our quarterly newsletters, going out to over 25,000 volunteers and donors.
 - e. The top fundraising office will have the opportunity to record a 2-minute video to be featured on TeamSmile social platforms (LinkedIn, Facebook & YouTube).
 - f. TeamSmile will provide the following to each participating office.
 - 1. Flyer with QR Code in an acrylic frame to display.
 - 2. A TeamSmile branded "give-away" for each donor.

Authorization & Signature: I agree to the terms of participation above.
Authorized Signature:
Name (printed):
Date: