

INVEST in YOUR FUTURE of Dental Hygiene in TEXAS!



**TEX HYPAC PLEDGE CAMPAIGN
2026-2027**

**YES! I COMMIT TO DONATE EACH MONTH TO HELP PROTECT THE PROFESSION
OF DENTAL HYGIENE IN TEXAS!**

NAME: _____ **COMPONENT:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

DONATION AMOUNT: \$ _____

FREQUENCY: Monthly _____ (March 2026-Feb 2027) **OR** One time _____

METHOD OF PAYMENT: ☐ **CASH** ☐ **CHECK#** _____ ☐ **Credit Card**

☐ **M/C** ☐ **Visa** ☐ **Am-Ex Card No:** _____

EXP ____/____ **CVC#:** _____

SIGNATURE: (if using Credit Card) _____

☐ *I understand that my contribution to TX HYPAC is strictly voluntary, and I may refuse to contribute without reprisal. I understand that my contribution is not tax-deductible as a charitable contribution for federal or state tax purposes.*

Please make checks payable to:
Tex Hypac

Mail to:
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Tex Hypac Treasurer
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Rockwall, TX 75087
Phone (972)523-5763