



*"A hero is someone who has given his or her life to something bigger than oneself." - Joseph Campbell*

### 2017 Dental Heroes

**Dr. Lee Ann Brady | Dr. Frederick S. Johnson | Dr. James C. Kincaid | Dr. David L. Latz |  
Dr. Stephen K. Malone | Mr. Diego Oquendo | Mrs. Jackie Robinson |  
Mrs. Becky Smith**



The Pankey Institute was created in honor of a man who not only left his deep and steady footprints in dental education, but his wisdom and compassion in the hearts of his patients. By honoring Dr. Pankey with this Institute, a movement was started that sparked the gathering of dentistry's most influential and inspiring minds.

To say thank you, we are offering you our global platform to honor the individuals who ignited the flame of passion in you, guiding you down the path of astonishing growth. By making a tax-deductible contribution in the name of your dental hero, you are not only showing your profound gratitude to the people who deserve it most in your life today, you are helping ensure that the Institute will continue to foster the dental heroes of tomorrow.

#### **Give a gift of \$500 or more and your dental hero will receive:**

- A personal letter of honor acknowledging your donation and what he/she means to you
- A personal invitation to The Pankey Institute's 2018 Annual Meeting where he/she will be honored
- Special honoree rate for the 2018 Annual Meeting
- Recognition during the Dental Heroes Salute
- Recognition in press releases
- A special Dental Heroes gift & tribute





**2018 Dental Heroes**

**Donor Information**

Name: \_\_\_\_\_

Practice/Lab Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

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**Dental Hero Honoree**

This gift of \$\_\_\_\_\_ is in honor/memory of my Dental Hero \_\_\_\_\_

Please notify the following persons:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please briefly explain your reason for choosing this Dental Hero Honor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment**

**Total Amount:** \$\_\_\_\_\_ *Please make checks payable to the L.D. Pankey Dental Foundation*

Charge my credit card:  MasterCard  Visa  Discover  Amex

Expiration \_\_\_/\_\_\_   CVV Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
Month/Year If different than above

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