

Giving Back Smiles All  
Across Northwest Ohio

**25** FOR A DONATION  
OF \$25.00 you can  
provide a basic cleaning  
to a child-in-need.

**100** FOR A DONATION  
OF \$100.00 two  
extractions can be  
performed.

**250** FOR A DONATION  
OF \$250.00 you can  
help an adult in pain  
have root canal therapy.

**500** FOR A DONATION  
OF \$500.00 you can  
provide a porcelain  
crown for a child-in-need.

**1000** FOR A DONATION  
OF \$1000.00 five  
families receive case  
management services  
for one year.

YOUR STAMP  
IS A  
DONATION  
TO OUR FUND

---



---



---

**DENTAL CENTER OF NWO**  
2138 Madison Avenue  
Toledo, OH 43604



*The year 2010 marked a  
SMILEstone.*

The Dental Center has been  
providing quality dental care  
since 1910.

is Northwest Ohio's only  
stand-alone, non-profit dental clinic



**1 in  
10**  
children have  
reported a  
recent  
toothache.



**GIVING  
DOES NOT  
HURT.**



Dental Center of Northwest Ohio  
2138 Madison Avenue  
Toledo, OH 43604

NONPROFIT  
ORGANIZATION  
U.S. POSTAGE  
**PAID**  
TOLEDO, OH  
PERMIT NO. 242

**2010 - 2011 Annual Campaign**

**Making More Smiles  
Healthier & Happier**



# TOP 10 REASONS

TO SUPPORT THE DENTAL CENTER OF NORTHWEST OHIO

**1. TOLEDO ADULT CLINIC**  
Services provided by full-time and part-time licensed dentists, dental hygienists and support staff to adults living at or below 300% of the Federal Poverty level or receiving health benefits from Medicaid. Your generosity makes a difference in our community.

**2. TOOTH TOWNE TOLEDO**  
The Dental Center serves over 9,000 kids per year under the age of 17. The staff educates children about the importance of routine dental care and good oral hygiene habits. Children under age 19 not receiving Medicaid benefits are seen for \$25 per visit regardless of treatment.

**3. BLANCHARD VALLEY CLINIC**  
The Dental Center of Northwest Ohio operates one clinic in Findlay. The BVC has eight operatories and mainly serves the counties of Hancock, Hardin, Wyandot, Putnam, Seneca and Wood.

**4. THE SMILE EXPRESS MOBILE SERVICE**  
The Dental Center of Northwest Ohio has identified transportation as the number one issue influencing patients from seeking much needed dental care. The Smile Express Mobile Dental Center eliminates this barrier by bringing the dentist to the patient.

**5. OVER 60,000 PATIENT VISITS ANNUALLY**  
The Dental Center last year had over 23,000 children and adults that received dental care in 60,814 appointments.

**6. HOME TO THE DENTAL RESOURCE CENTER**  
Innovative oral health dental programs for families with children birth through five years of age! Services include care management, transportation assistance, and education for parents and non-dental health professionals.

**7. EDUCATION IN SCHOOLS**  
Efforts such as Toledo Smiles, a collaboration with the Junior League of Toledo, educates junior high students, an underserved age group. The Dental Center offers education programs teaching oral hygiene skills and techniques to children in kindergarten through grade 12 from school districts representing the 18 counties in Northwest Ohio.

**8. RECOGNIZED STATE-WIDE**  
Partnerships with the Toledo Dental Society and the Ohio Dental Association to celebrate Give Kids A Smile! Day to treat children at no cost who otherwise would not have access to dental care.

**9. OHIO PARTNERSHIP TO IMPROVE ORAL HEALTH THROUGH ACCESS TO NEEDED SERVICES (OPTIONS)**  
The Dental Center is one of six locations in Ohio linking uninsured, low-income individuals with volunteer dentists or dental clinics to provide donated or discounted care.

**10. CLINICAL EXPERIENCE**  
The Dental Center serves as a clinical site for fourth year dental students from The Ohio State University and second year hygiene and EFDA students from Owens Community College.



## OUR MISSION

SINCE 1910

- Provide **oral health services for underserved children and adults.**
- Promote the value of **good oral health through education and outreach.**
- Serve as an **advocate for those with limited access to dental care.**



## DONOR FORM

Fill out this form and mail it in the attached envelope.

**GIFT AMOUNT**  
\$ \_\_\_\_\_

**CONTACT INFORMATION**  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

Please do not list my name. I prefer to make this gift anonymously.  
 Please list my name in the quarterly newsletter as: \_\_\_\_\_

I intend to remember The Dental Center of NWO in my will or estate plan. Please call me to discuss ways to include DCNWO in my estate plan.  YES  NO

**PAYMENT INFORMATION**  
 CHECK  
 CREDIT CARD Please charge my card now or in the month(s) of: \_\_\_\_\_  
 VISA  MASTERCARD  DISCOVER  AMEX  
Credit Card # \_\_\_\_\_  
Exp. Date: \_\_\_\_\_

PLEDGE  
Please send me an invoice:  Immediately  On this date: \_\_\_\_\_

Signature \_\_\_\_\_