



“The Future of Periodontology is in Your Hands.”

Dear Periodontists,

Your specialty is facing a challenge: During the next 10-15 years nearly half of all periodontal educators will move into their retirement years. At the same time, fewer periodontists are pursuing an academic career path. Fewer educators mean fewer researchers leading the way in advancing patient healthcare, and fewer new periodontal clinicians in practice.

The American Academy of Periodontology Foundation is meeting the challenge head on. It is poised to raise its investment in periodontal education exponentially to ensure a steady pipeline of highly skilled periodontal educators for our dental schools.

Your participation in helping the AAP Foundation meet the challenge we face in periodontal education is vital, and it is appreciated. When you provide care as a professional courtesy and your patient asks how he/she might thank you, either you or your office manager can suggest a gift to the AAPF. If the patient is interested, they can then be given the attached donation card. This may also be done in your honor by friends or regular patients who believe in the value of periodontal education.

In order for your patient to receive the tax benefits for a charitable gift, the donation must be voluntary. In other words, you may tell the patient the value of the care he/she received, but you should not suggest that payment for the treatment be made to the Foundation.

By encouraging your patients to make a voluntary contribution to the Foundations in lieu of payment for your care, you quite literally have the future of Periodontology in your hands.

Thank you so much.

With warm regards,

D. Walter Cohen, DDS
Chairman, AAPF Grateful Patient Program

THANK YOU for your support to the development of outstanding periodontal educators.



YES, I would like to make a voluntary contribution of \$_____ to the American Academy of Periodontology Foundation so they may continue programs that support the development of outstanding periodontal educators.

- Check enclosed
- VISA/MC/AMEX _____ Exp: _____ / _____
- Name: _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Signature: _____

Please make my gift in honor of: _____

- You may include my name on your list of donors Please make my gift anonymous

The American Academy of Periodontology Foundation is a 501(c)(3) charity. No goods or services were provided in exchange for your gift.

Please send to:

Sharon Mellor
AAP Foundation
737 N. Michigan Ave., Ste 800
Chicago, IL 60611

THANK YOU FOR YOUR GIFT!

Please retain for your records

American Academy of Periodontology Foundation Contribution

Date: _____ Amount: _____ Check #: _____ or Credit card _____

AAP FOUNDATION

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