

RAGFL Charitable Foundation Announces New Dental Assistance Program

Project Smile

Bring a smile to someone's face today!

Project Smile is specifically for families of REALTOR® members who could use assistance for dental work. REALTORS® can fill out a form for one-time dental assistance that will pay for one or more family member's dental work up to \$100 per family.

Project Smile grants are limited to the first 100 approved applicants. The dentist will be paid directly by the Charitable Foundation. Forms must be received by September 1st.

If interested, please fill out the simple form on the back.

For questions, contact Kathie McEvoy at kmcevoy@r-world.com or at 954-563-7261.

Learn more at

www.realtorcharitablefoundation.com



REALTOR® Association of Greater Fort Lauderdale, Inc.
RAGFL East: 1765 NE 26th Street, Fort Lauderdale, Florida 33305 ~ RAGFL West: 5850 Hiatus Road, Suite A, Tamarac, Florida 33321
Phone: 954-563-7261 ~ Fax: 954-568-9695 ~ Web: www.R-World.com



**RAGFL Charitable Foundation
Project Smile 2009 Application Form**

**Applications must be completed in full for consideration and received by September 1, 2009.
Applications will be considered in the order they were postmarked.**

Mail to:

REALTOR® Association of Greater Fort Lauderdale (RAGFL)
Charitable Foundation
1765 NE 26 Street
Fort Lauderdale, FL 33305-1438
ATTN: Kathie McEvoy/ PROJECT SMILE

The Charitable Foundation’s ‘Project Smile’ dental grant program has been set-up for REALTOR® members/family needing dental assistance.

A ‘PROJECT SMILE’ grant of up to \$100 will be paid directly to a dentist or dental clinic for dental work performed on **APPROVED** applicants. **Limit one ‘PROJECT SMILE’ grant per family household.** (For the purpose of this application, a family household will be considered to be the Realtor/Member, spouse or life partner, mother or father or a dependent child, that resides at the Realtor/Member’s address.) All applications will be approved or disapproved at the total discretion of the Charitable Foundation.

APPROVED DENTAL CARE MUST BE COMPLETED ON OR BEFORE DECEMBER 1, 2009.

Dentist or Dental Clinic Name _____
Address _____
Phone _____ FAX _____

Realtor Name _____
Patient: Self _____ or Household Applicant Name: _____
Realtor/Applicant’s Mailing Address: _____

(Must match address on dental invoice)
Contact Tel #: _____ E-mail address: _____
Realtor License Number: _____

LINES BELOW FOR USE BY THE CHARITABLE FOUNDATION

Date Received: _____ Date Approved: _____
Check Number: _____ Amount: \$ _____ Date check sent to dentist: _____ Date
application rejected & letter sent to applicant: _____
Rejection Reason: _____

Trustee Signature: _____ Date: _____
Trustee Signature: _____ Date: _____

THE CHARITABLE FOUNDATION & THE REALTOR® ASSOCIATION OF GREATER FORT LAUDERDALE WILL BE HELD HARMLESS AND FULLY INDEMNIFIED AGAINST ANY AND ALL PROVIDED CARE FROM APPLICANT, CHOSEN DENTIST OR DENTAL CLINIC.