



Delta Dental of Idaho will reimburse you \$25 dollars for each box of gloves and \$20 for each box of masks you donate.

Please fill out this form and send to accounting@deltadentalid.com for reimbursement.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gloves \$25/Box

Masks \$20/Box

Qty.: _____

Total: _____

Payment will be made by check sent to the name and address listed above within 15 business days of receipt.

Signature: _____ Date: _____