



Pouring FROM THE Heart

Date

THURSDAY, APRIL 13, 2023

Location

WESTIN CROWN CENTER HOTEL
CENTURY BALLROOM
ONE EAST PERSHING
KANSAS CITY, MO 64108

Time

6:30 P.M. COCKTAIL HOUR
7:30 P.M. DINNER

Dress

BLACK TIE



The annual **POURING FROM THE HEART** benefit gala offers attendees the opportunity to “party with a purpose” while benefiting the UMKC School of Dentistry.

Savor an exquisite multi-course dinner enhanced with professionally selected pairings and join in the fun with silent and live auctions, games and drawings that aid our students and patients in need. This year, we are continuing to focus on funding student-patient clinical experiences at the dental school through procedure vouchers. Each procedure helps a patient receive necessary treatment, while each student gains crucial hands-on experience with the community as they prepare to receive their degrees and join a practice. These vouchers will go to senior dental and dental hygiene students.

HOW MUCH DOES IT COST FOR OUR STUDENTS TO TREAT PATIENTS?

Your participation in our event and gifts help lower the cost of treatments including:

TOOTH
EXTRACTION

\$75

ORAL
EVALUATION

\$150

SCALING AND ROOT
PLANING (SRP)

\$200

CROWN

\$500

IMPLANT CROWN

\$750

FULL
DENTURES

\$1,000

BRIDGE

\$1,500



Pouring FROM THE Heart

.....
 I would like to make ____ reservation(s)
____ \$200 per person

I would like to reserve a table of 10 for \$2000
(Please include names of guests on back of card)

.....
Name* _____
Street _____
City _____ State ____ ZIP _____ Telephone () _____
Email _____

*All confirmation and correspondence will be sent to this person.

.....
\$ _____ **Payment/Amount Enclosed** *(Checks should be made payable to the Rinehart Foundation)*

Please charge my: Visa Mastercard Discover American Express
Account # _____ Exp. Date _____
Cardholder _____
(Print name)
Signature _____ Date _____

*Seating is limited and reservations will be honored as received.
Please make your reservations on or before March 23, 2023.*

Guest List

1. _____
first name

last name

2. _____
first name

last name

3. _____
first name

last name

4. _____
first name

last name

5. _____
first name

last name

6. _____
first name

last name

7. _____
first name

last name

8. _____
first name

last name

9. _____
first name

last name

10. _____
first name

last name

(For table sponsors only)

Name for sponsorship recognition: _____

*Please enclose
additional lists
as needed.*