



Invoice

New Era Dental Society
Dr. Stephanie Clark: Treasurer
7601 Germantown Avenue
Philadelphia, PA 19119

| Description of Service | Quantity | Unit Cost | Total Cost |
|--|----------|-----------|------------|
| Membership Fees for 2026: Due upon receipt | 1 | \$250 | \$250 |
| Scholarship Donation | | | |
| Pinning ceremony and dinner Donation | | | |
| Invoice total | | | \$ |

Please return payment by check or money order payable to New Era Dental Society to the address above, Dr. Stephanie Clark Or use the **Zelle link below.**

Check no.

Date received:

Zelle: Neweradentalsociety@gmail.com