

CONSUMERS FOR DENTAL CHOICE

316 F Street, N.E., Suite 210 Washington, DC 20002 Phone: (202) 544-6333 Fax: (202) 544-6331

www.toxicteeth.org

We want to HELP stop the use of MERCURY in Dentistry!

▶ **Sign our Company up as a Supporter** ◀

We wish to be listed on WWW.TOXICTEETH.ORG

PRODUCT SPONSORSHIP LEVELS

LEVEL	CONTRIBUTION	METHOD OF PAYMENT
<p>Advocate (1st Level)</p> <p>All pertinent contact information listed in “Products” search-by category area of website PLUS LINK to your existing website. Listing set in red/BOLDFACE for enhanced visibility</p>	<p>\$1,000 per year paid in full by check or credit card, or \$100 per month, credit card debited monthly</p>	<p>Check enclosed \$ _____ <i>(checks only for full payment)</i></p> <p>Debit credit card in full <input type="checkbox"/></p> <p>Debit credit card monthly \$100 <input type="checkbox"/></p>
<p>Leader (2nd Level)</p> <p>All benefits of Level (1) PLUS a FULL SITE WEBPAGE designed to capture the unique qualities of your product. (*photo or graphic may be included - provided by subscriber). Your listing will be flagged with a special icon in category listings.</p>	<p>\$1,500 per year paid in full by check or credit card, or \$150 per month, credit card debited monthly</p>	<p>Check enclosed \$ _____ <i>(checks only for full payment)</i></p> <p>Debit credit card in full <input type="checkbox"/></p> <p>Debit credit card monthly \$150 <input type="checkbox"/></p>
<p>Legend (3th Level)</p> <p>All benefits of Level (2) PLUS immediate access to your web page and a BRIGHTLY COLORED GRAPHICAL TILE showcasing your on the “ Product” Category search page.</p>	<p>\$2,000 per year, if paid in full by check or credit card, or \$200 per month, credit card debited monthly</p>	<p>Check enclosed \$ _____ <i>(checks only for full payment)</i></p> <p>Debit credit card in full <input type="checkbox"/></p> <p>Debit credit card monthly \$200 <input type="checkbox"/></p>
<p>Star (4th Level)</p> <p>All benefits of Level (3) PLUS a HEADLINE SPONSORSHIP BANNER with ANIMATION on Product/category search page.</p>	<p>\$2,500 per year, if paid in full by check or credit card. \$250 per month if credit card debited monthly.</p>	<p>Check enclosed \$ _____ <i>(checks only for full payment)</i></p> <p>Debit credit card in full <input type="checkbox"/></p> <p>Debit credit card monthly \$250 <input type="checkbox"/></p>

PLEASE MAKE CHECKS PAYABLE TO:

Mail to: **Consumers for Dental Choice**
316 F Street, N.E., Suite 210
Washington DC, 20002

For additional information:
Phone: (202) 544-6333
E-mail: info@toxicteeth.org

Phone: (202) 544-6333 Fax: (202) 544-6331 ▶ **Please complete Sponsorship Form 2 and return by fax or mail.**
▶ **Consumers for Dental Choice is a 501(c)3 Non-profit org. All contributions are tax deductible. ID# 52-225-7385.**

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WEBSITE LISTING PRODUCT SPONSORSHIP FORM

Method of Payment

date: _____

Our company wishes to SUPPORT for: One Year _____ Two Years _____ Three Years _____

Please charge my contribution to: Visa Master Card Amex

Account # _____ Exp. date _____

Please debit my credit card in full: \$ _____ Monthly \$ _____ Enclosed Check \$ _____

Company _____ Contact Person: _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone : _____ Fax : _____ E-Mail : _____

Signature _____

► Introductory 5% Discount for New Supporters!

PRODUCT/ CATEGORY/ LISTING info:

Please select appropriate category listing for your company's product/s or services:
To view Product/Services page on www.toxicteeth.org: click navigational button
"Dentists/Doctors/Products." Click pull down listing of Product for categories:

Detox product/s Vitamins/Supplements Detox Equip
 Testing Laboratories Dental Product/s Other _____

Company _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ E-mail : _____

Website domain: _____ Name of Product/s _____

Brief description of your product/s and/or services as you would like to be listed: _____

► Kindly include a brochure or letter describing your company's product/s.