## **Sponsorship Form**



or

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	1.0	hoose Your (	Gift!	
\$100/month	\$125/month	\$150/month	\$300/month	\$500/month
\$1200/year	\$1800/year	\$3000/year	\$4000/year	\$5000/year
	Otl	ner (please specify): \$		
☐ Enclosed is my		Make Your C		
☐ I prefer to cha	arge my gift to my credi	t card		
Name:		Gift amount	:	
Credit card #:			Exp. date:	
Address:				
Signature:				
	3.	Send Your G	ifit	
A) Mail pledge f	<b>Form:</b> Consumers for D	ental Choice, 316 F St. N.I	E., Suite 210, Washington	DC 20002 or

# **THANK YOU FOR YOUR SUPPORT!**

B) Donate online: <a href="http://www.toxicteeth.org/donate.cfm">http://www.toxicteeth.org/donate.cfm</a>

Your tax-deductible gift will help Consumers for Dental Choice, a 501(c)(3) organization, promote mercury-free dentistry for all. We recognize health professionals who donate \$1200 per year or more with a listing on our website at <a href="https://www.toxicteeth.org">www.toxicteeth.org</a>.

# CONSUMERS FOR DENTAL CHOICE WEBSITE LISTING FORM

#### THANK YOU FOR YOUR SUPPORT!

To be listed as a contributor on our website, a professional donation of at least \$1200 per year is requested.

If this is a new listing, please write your information below as you would like it to appear on our website at <a href="http://www.toxicteeth.org/dentistsDoctorsProducts.aspx">http://www.toxicteeth.org/dentistsDoctorsProducts.aspx</a>. If you already have a listing, please feel free to use this form to update your information.

Health Profes	☐ New Listing	☐ Update Existing Listing	
Practice Nam	e:		_
Address:			
Telephone: _		Fax:	
Email:			-
Website:			_
Practice Spec	ialty:		
Brief Descript	tion of Practice:		