

CONSUMERS FOR DENTAL CHOICE HEALTH PROFESSIONAL SPONSORSHIP FORM

Yes, I want to win the battle for mercury-free dentistry!

Name: _____ Telephone Number: _____

Friend	___ \$1200 / year ___ \$100 / month
Advocate	___ \$1800 / year ___ \$150 / month
Leader	___ \$3000 / year ___ \$250 / month
Star	___ \$4000 / year ___ \$350/month
Legend	___ \$5,000 / year ___ \$500 / month

Other (please specify): \$ _____

Credit cards & checks are equally acceptable. Consumers for Dental Choice is a 501(c)(3) non-profit organization. Contributions are tax deductible.

Enclosed is my check payable to "Consumers for Dental Choice"

I prefer to charge my gift to my credit card

Name: _____ Gift amount: _____

Credit card #: _____ Exp. date: _____

Address: _____

Signature: _____

To submit your pledge form, please...

A) Fax pledge form: Consumers for Dental Choice at 202.544-6331 or

B) Mail pledge form: Consumers for Dental Choice, 316 F St., N.E., Suite 210, Washington DC 20002 or

C) Donate online: <http://www.toxicteeth.org/donate.cfm>

THANK YOU FOR YOUR SUPPORT!