

YES! I want to help *change the face of TMJ*

Mr./Mrs./Ms./Mr. and Mrs./Dr. _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Telephone _____ E-mail _____

Donor – \$1 - \$49

Supporter – \$500 - \$999

Friend – \$50 - \$99

Sponsor – \$1,000 - \$4,999

Contributor – \$100 - \$499

Patron – \$5,000 - and up

I would like my gift to remain anonymous

My gift is in Honor of / in Memory of _____

Please notify the following recipient(s) at _____

Enclosed is my check for \$ _____ payable to The TMJ Association.

I would like my gift to The TMJ Association to go toward:

Scientific Research

Awareness & Information Distribution

Patient Support

Wherever my gift is most needed

To make a credit card donation, visit us on-line at www.tmj.org/contributions.asp or fill out the following:

Master Card Visa Please place a single charge of \$ _____

Please place a monthly charge of \$ _____

for _____ months totaling \$ _____

Credit Card Number _____ Expiration Date _____

Credit Card Security Code (the last 3 digits printed on the back of a credit card in the signature field) _____

Print Name _____ Signature _____



The TMJ Association

THANKS
FOR
YOUR
STAMP

Terrie Cowley, President
The TMJ Association
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Milwaukee, WI 53226-0770