

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

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

Address _____

City _____ State _____ Zip Code _____

Country _____ Telephone _____ Email _____

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.

To make a credit card donation, visit us online at www.tmj.org/site/content/donate 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