

TEAM 1500

Trust for Equal Access Medicine

Fax this form to: 310-861-0763

TEAM1500 FUND
SUPPORT FORM

Name: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____

I wish to contribute your important efforts to keep safe and effective oral conscious sedation widely available to the public.

- \$1,000 *Silver* \$2,500 *Gold* \$5,000 *Platinum*
 Other amount \$ _____
 Please divide in 3 monthly payments. Please divide in 6 monthly payments.

Bill my credit card:

- Visa MasterCard Discover AmEx

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Signature

Exp. Date/Sec Code

Checks payable to "TEAM 1500" should be mailed to P.O. Box 3714 • Beverly Hills, CA 90212. For more information, visit our web site at www.team1500.org or phone us at 1-866-612-TEAM.

THANK YOU!!