

Sponsor:



KULZER
MITSUI CHEMICALS GROUP

To receive your whitening kit, please
Send this portion of the voucher to:

Kulzer
Attn: Free Goods Fulfillment
300 Heraeus Way
South Bend, IN 46614

Please cut here and retain the bottom portion for payment.

I am licensed to practice dentistry and I agree to have my patient pay Give Back a Smile (GBAS) \$_____ (USD) to receive the whitening kit from Kulzer. I also agree to return any unused kits, or pay Kulzer the retail price of the kit if the money is not received by GBAS. My state issued dental license # is _____

Please indicate below which kit you would like by checking the box next to the appropriate product. **Check one:**

- Venus White Pro** 16%, 22%, or 35% Carbamide Peroxide Patient or Refill Kit (take-home whitening for custom trays)
Please specify kit type & strength: _____
- Venus White Max** (in-office whitening kit)
- Venus White Ultra** (prefilled, disposable whitening trays)

Please send the kit to:

Dentist's name: _____

Address: _____

When whitening is complete, please fill out this portion of the voucher and send it with payment from your patient to:

OCACD
7836 Lori Drive
Huntington Beach, CA 92648

Dentist's name: _____ Member ID: _____

Address: _____

Patient's name: _____

Address: _____

Please pay \$_____ (USD) *

Personal check included, made out to Give Back a Smile

Please charge my credit card: Amount: _____

(THIS CHARGE WILL APPEAR AS AMERICAN ACADEMY OF COSMETIC DENTISTRY ON YOUR STATEMENT)

Credit Card # _____ Exp Date: _____

Visa MC AmEx Card Security Code: _____

Name on card: _____

Signature: _____

***Note:** This is not tax deductible as a charitable donation. You may include a donation with your payment. Any sum donated over your office's current value (please indicate above) of whitening procedures is considered a charitable donation and is tax deductible.

Thank you for helping to restore the smiles of domestic violence survivors!