

CHARLES H. TWEED INTERNATIONAL FOUNDATION FOR ORTHODONTIC RESEARCH

2009-2010 ANNUAL DUES STATEMENT FOR PERIOD 6/1/2009- 5/31/2010
REGULAR / FELLOW FOUNDATION MEMBER

- Dues may be paid check in U.S. funds or by VISA or MasterCard credit card.
- WIRE TRANSFERS CANNOT BE ACCEPTED.
- All fields below must be completed. You must sign and provide your postal zip code in order for credit card charges to be accepted.

PLEASE TYPE or PRINT CLEARLY

A. Name _____
(Last Name) (First Name)

B. Address _____
(Street) (City) (State/Country) (Postal Zip Code)

C. VISA OR MASTERCARD # _____ EXPIRATION DATE _____
MO/YEAR

E. Signature (mailed payments must be signed) _____

COMPLETE AND FAX OR MAIL PAYMENT TO:

Charles H. Tweed Foundation
c/o Dr. James L. Vaden
308 E. First Street
Cookeville, TN 38501
Phone: 931-526-3717
Fax number: 931-526-1630

2009-2010 Annual Foundation Member Payment Due	\$100.00
Past-Due payment included for previous year	_____
U.S. Tax-Deductible Endowment contribution	_____
Total Remittance	_____

INDICATE HERE IF YOU HAVE CHANGES OR NEW INFORMATION: YES _____ NO _____

Name _____ Spouse's Name _____

Office Address _____ (Street) Home Address _____ (Street)

(City) (State/Country) (Zip Code) (City) (State/Country) (Zip Code)

Email Address _____
(Please enter one character per space)

Office Phone# _____ Office Fax# _____

Home Phone# _____ Home Fax# _____

Please feel free to contact us at chtweed@aol.com if you have any questions or need assistance.