

Give Back a Smile Whitening Fundraiser Procedures

- Make a pledge to the Give Back a Smile (GBAS) whitening fundraiser to donate the cost of a whitening procedure. You can pledge as many procedures as you would like. Why not make a whole day out of these whitening(s) and generate some great publicity for your practice?
- You will receive one voucher from GBAS for each whitening procedure that you pledge.
- The top section of the voucher is sent to Heraeus Kulzer. When you are ready to do your whitening(s), Heraeus Kulzer will then send you one kit per voucher at no cost.
- The bottom section of the voucher is kept until the patient makes a payment. The payment amount is something that you and your staff agree upon. This will depend on what the normal price is for a whitening procedure in your office.
- When your patient pays for the whitening, he or she writes a check to GBAS or can pay via credit card.
- Fill out the bottom section of the voucher, and send it along with the payment to the AACD Executive Office, 402 West Wilson St, Madison, WI 53703
- More pledges can be made by contacting Foundation Program Case Worker Darcy Ranck-Lyons, at 608.237.8813, or via e-mail at darcyl@aacd.com.

The GBAS Whitening Fundraiser is Sponsored by: **Heraeus**

402 West Wilson St.
Madison, WI 53703

PHONE 608.222.8583
800.543.9220

FAX 608.222.9540
WWW.AACD.COM



Sponsor:

Heraeus

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

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

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 Heraeus Kulzer. I also agree to return any unused kits, or pay Heraeus 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: _____

Please cut here and retain the bottom portion for payment.



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

**GBAS Whitening Fundraiser
402 West Wilson St.
Madison, WI 53703**

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: _____

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!