



Hon Secretary/Treasurer  
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**FOUNDATION FOR ORTHODONTIC RESEARCH AND EDUCATION  
(NEW ZEALAND ASSOCIATION OF ORTHODONTISTS)**

**YES, COUNT ME IN.** I pledge A CASE FOR THE FUTURE of Orthodontics as follows:

Foundation Benefactor (one case at my normal fee of \$.....)

I would like to fulfill my pledge in one payment.

I would like to fulfill my pledge in equal annual payments over five years (by invoice).

I would like to fulfill my pledge by quarterly automatic payments (payment form attached)

Rather than pledge at the Foundation Benefactor level, I prefer instead to pledge:

\$  Quarterly  Annually

Name

Address

City:

Phone: (0 )

Signed

*Note: Applications for Foundation Benefactor status will be accepted until the date of the 2006 NZAO AGM to be notified*

**Please Fax completed form to Andrew Marriott (03) 546 6930.**