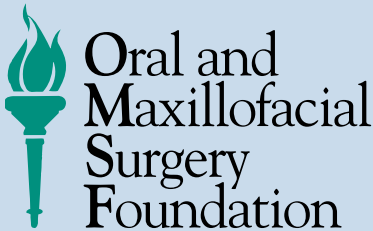


## Celebrate 50 Years of Support for Research and Education!



*Research  
and  
Education  
Advance  
Patient  
care  
(REAP)*



*Leading the specialty through  
support of research and education*

In 2009, the Oral and Maxillofacial Surgery Foundation (OMSF) celebrates its 50<sup>th</sup> anniversary. For 50 years, OMSF has been supporting research and education in the specialty. OMSF is the only national funding organization that exclusively supports the oral and maxillofacial surgery specialty. We have given more than \$9.1 million back to the specialty in research awards, fellowships and specialty-related projects. Areas of support include the Third Molar Study, the Outcomes Assessment project, pain control, oral cancer, TMJ disorders, outpatient anesthesia, dental implants, and other important projects.

To take advantage of today's scientific advances and find solutions in those areas that will help our patients, we need to continue to support research and education. That's where OMSF -- and the REAP program -- lead the way. Since its inception in 2005, REAP has raised more than \$2 million to support research and education in our specialty.

How can you celebrate OMSF's 50<sup>th</sup> anniversary? Make your REAP gift today! Your gift will honor the past 50 years and take a step forward into the future.

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**Donate online at [www.omsfoundation.org](http://www.omsfoundation.org)**

- I want to celebrate OMSF's 50<sup>th</sup> Anniversary with a \$2,000 REAP gift.
- I am proud to participate in REAP by contributing a gift in the range of \$1,500 to \$1,999 to OMSF.
- Enclosed is my check for: \$ \_\_\_\_\_
- Please charge my  Visa  Mastercard \$ \_\_\_\_\_  Monthly  Annually  Once

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Security code (on back of card): \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

This donation is in  honor  memory of:

Name: \_\_\_\_\_

Please notify the following about the gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mail to:

9700 W. Bryn Mawr Avenue, Rosemont, IL 60018

-OR-

Fax: 847.678.6254. Fax for credit card payments only.

**Thank You!**