

Date: \_\_\_\_\_

DMA Mail Preference Service  
P O Box 643  
Carmel, NY 10512

To Whom It May Concern:

I want to reduce the amount of unsolicited mail I receive. Please remove my name and address from your mailing list as listed below. I have enclosed a check or money order for \$1 payable to DMA.

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

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

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

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

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

Thank you.

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