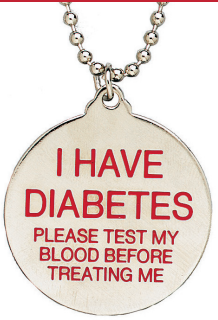


FREE



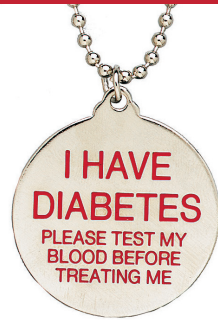
DIABETES MEDICAL EMERGENCY NECKLACE

In case of Emergency, the attending physician or paramedic needs to know you have diabetes.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

**SEND A SELF-ADDRESSED, STAMPED ENVELOPE TO:
FREE DIABETES NECKLACE**
Diabetes Research and Wellness Foundation™
P.O. Box 96046, Washington, DC 20090-6046

FREE



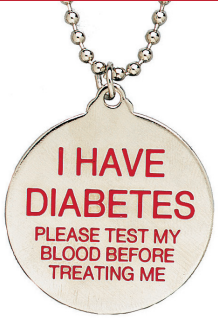
DIABETES MEDICAL EMERGENCY NECKLACE

In case of Emergency, the attending physician or paramedic needs to know you have diabetes.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

**SEND A SELF-ADDRESSED, STAMPED ENVELOPE TO:
FREE DIABETES NECKLACE**
Diabetes Research and Wellness Foundation™
P.O. Box 96046, Washington, DC 20090-6046

FREE



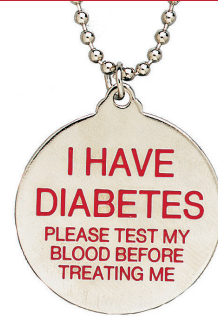
DIABETES MEDICAL EMERGENCY NECKLACE

In case of Emergency, the attending physician or paramedic needs to know you have diabetes.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

**SEND A SELF-ADDRESSED, STAMPED ENVELOPE TO:
FREE DIABETES NECKLACE**
Diabetes Research and Wellness Foundation™
P.O. Box 96046, Washington, DC 20090-6046

FREE



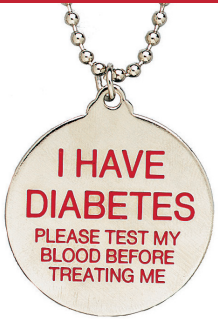
DIABETES MEDICAL EMERGENCY NECKLACE

In case of Emergency, the attending physician or paramedic needs to know you have diabetes.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

**SEND A SELF-ADDRESSED, STAMPED ENVELOPE TO:
FREE DIABETES NECKLACE**
Diabetes Research and Wellness Foundation™
P.O. Box 96046, Washington, DC 20090-6046

FREE



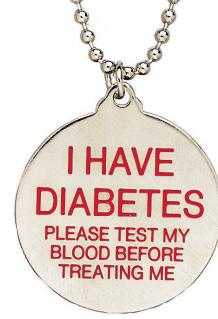
DIABETES MEDICAL EMERGENCY NECKLACE

In case of Emergency, the attending physician or paramedic needs to know you have diabetes.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

**SEND A SELF-ADDRESSED, STAMPED ENVELOPE TO:
FREE DIABETES NECKLACE**
Diabetes Research and Wellness Foundation™
P.O. Box 96046, Washington, DC 20090-6046

FREE



DIABETES MEDICAL EMERGENCY NECKLACE

In case of Emergency, the attending physician or paramedic needs to know you have diabetes.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

**SEND A SELF-ADDRESSED, STAMPED ENVELOPE TO:
FREE DIABETES NECKLACE**
Diabetes Research and Wellness Foundation™
P.O. Box 96046, Washington, DC 20090-6046