



**Please print and complete the below form and mail it, along with your donation, to:
Smile Train, PO Box 96231
Washington, D.C. 20090-6231**

YES I want to give a child a second chance at life!

I understand that **my donation** will be used to fund programs in over 75 countries around the world benefiting children born with clefts. To assist your vital efforts, I have enclosed:

\$250 to cover the cost of a complete cleft surgery
\$125 to cover half the cost of one child's cleft surgery
\$50 to cover anesthesia for one cleft surgery

\$25 to cover sutures for one cleft surgery
\$_____ (Your gift of any amount can give a child a second chance at life!)

Name _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

Email _____

Enclosed is my check made payable to **The Smile Train**

I prefer: MasterCard VISA American Express Discover

Card Number _____ Exp. Date _____ / _____

Other Information:

Yes, I'd like to receive email communications from The Smile Train regarding programs and events.

I am a new donor and I heard about The Smile Train. *Please check all that apply*

Newspaper Ad
Online Banner

Magazine Ad
TV

Direct Mail
Other _____

JOIN THE SMILE of THE MONTH CLUB

YES! Please bill my credit card in equal monthly payments in the amount of \$ _____ per month. I have provided my preferred credit card information above for my monthly pledge payment.

YES! Please transfer my monthly gift from my checking account using the automatic payment plan. I've enclosed a check for my first monthly gift.

*** Your contribution will be charged to your selected credit card or deducted from your checking account on or about the 20th of each month.*

Tribute Gifts

Make a donation in memory or in honor of a loved one, and we will send a beautiful tribute card that conveys your thoughtful generosity and informs your designated recipient of your gift. To make this gift in memory or honor of a loved one, see below:

This gift is given: in Honor of the Occasion of _____ OR in Memory of _____

Person(s) being honored: _____

Please notify:

Name _____

Address _____

City _____ State _____ Zip Code _____

How would you like your name signed on the card? _____ (Please allow 2 weeks from mail date)