

YES, I WANT TO GIVE A CHILD A SECOND CHANCE AT LIFE!

Please print and complete this form,
then mail it along with your donation to:

Smile Train
PO Box 96231
Washington, DC 20090

I understand that my donation will be used to
fund programs in over 85 countries around the
world benefitting children born with clefts.
To assist Smile Train's efforts, my gift of:

- ☐ **\$400** can cover the cost of one complete cleft surgery
- ☐ **\$250** can cover the cost of a cleft surgery training kit
- ☐ **\$100** can cover the cost of cleft feeding training for
a nursing mother
- ☐ **\$50** can cover the cost of an overnight hospital stay
- ☐ **\$_____** (Your gift of any amount can give a child
a second chance at life!)

☐ I'm enclosing my check made payable to **Smile Train** or

☐ Please charge my credit/debit card:

☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Card no. _____

Sec. Code _____ Exp. Date _____

Signature _____

Name _____

Address _____

Email _____ Phone _____

OR BECOME A FREQUENT SMILER!
Just a few dollars a month can save children's lives.

- ☐ YES! Please bill my credit card in equal monthly payments in the amount of
\$ _____ per month. I have provided my preferred credit card information
for my monthly pledge payment on the other side of this form.
- ☐ YES! Please transfer my monthly gift in the amount of \$ _____ from my
checking account using the automatic payment plan. I've enclosed a check
for my first monthly gift.

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 _____

*How would you like your name signed
on the card?*

Please allow 2 weeks from date of posting.

