



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

Smile Train
PO Box 96231
Washington, DC 20090

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 85 countries around the world benefitting 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!)

- 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.

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

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.

