Mail In Donation Form

Please print this form and complete the information.

I WANT TO GIVE NEW SMILES TO WAITING CHILDREN!

Enclosed is my donation: ☐ $240 ☐ Other $_____ Frequency: ☐ One-Time ☐ Monthly

PLEASE SEND RECEIPT TO

Full Name (print): _____ Date:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone: (Home)_____ (Cell)_____ E-Mail:_____

Optional: Is your donation in honor of an upcoming event in a particular region?

_____

A TRIBUTE OF SMILES

Honor a friend or member of your family with a donation in their name to Operation Smile. We will send a tribute letter to inform your designated recipient of your generosity and forward a receipt to you for your donation.

THIS GIFT IS GIVEN

☐ In honor of (print name) _____

☐ In memory of (print name) _____

PLEASE SEND TRIBUTE LETTER TO

Full Name (print): _____

Address:_____

City:_____ State:_____ Zip:_____

☐ I have enclosed my check in US Dollars made payable to Operation Smile

OR

Please charge my gift to: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Credit / Debit Card Number : _____ Expires: _____

Your Signature: _____

We strive for accurate, respectful and relevant communications with our donors. We occasionally exchange mailing addresses with select non-profit groups. We will not sell, rent or share your email address or telephone number. If you would like to correct or update your personal information, modify your mailing preferences, or if you do not wish to participate in mailing address exchange activities, please call 1-888-OPSMILE (1-888-677-6453) or email drelations@operationsmile.org. A gift made through this appeal represents a gift to the entire Operation Smile mission. To help the most children, we use your gift where it can do the most good by pooling it with the gifts of others.

Operation Smile is a 501(c)(3) organization. Contributions are tax deductible in accordance with IRS rules and regulations.

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