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 benfitting children born with clefts. To assist Smile Train's efforts, my gift of:

	\$250 can cover the cost of one complete cleft surgery
	\$125 can cover half the cost of one child's cleft surgery
	\$50 can cover the cost of anethesia for a cleft surgery
	\$25 can cover the cost of surtures for a 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
Sign	ature
Nam	e
Addı	ress
Emai	il Phone
	R BECOME A FREQUENT SMILER!
Jus	st 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 ____ How would you like your name signed on the card? Please allow 2 weeks from date of posting.

