



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 \_\_\_\_\_ "



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