

## 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 che  | eck made payable to The Si  | mile Train                             |                      |                                   |
| prefer: MasterCard  | VISA American   | Express D                              | iscover              |                                   |
| ard Number  |   |  |                      | Exp. Date                         |
| I understand that my oborn with clefts. To as \$250 to cover the co \$125 to cover half the | a child a second chance at l lonation will be used to fundsist your vital efforts, I have est of a complete cleft surger the cost of one child's cleft surgery esta for one cleft surgery | d programs in ove<br>e enclosed:<br>ry | er 75 countries arou | and the world benefiting children |
| Address   |   |  |                      |                                   |
| City  | State   |  | Zip C                | Code                              |
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| Enclosed is my  | check made payable to The   | e Smile Train                          |                      |                                   |
| I prefer: MasterC   | ard VISA Americ   | can Express                            | Discover             |                                   |
| Card Number   |   |  |                      | Exp. Date                         |