Yes! I would like to support the humanitarian work of Operation Smile Please print this form and complete the information, mail with your donation to: Operation Smile 6435 Tidewater Drive Norfolk, VA 23509 Changing Lives One Smile at a Time Every child should be able to smile. With your help, we can reach all the kids who need us. Your gift can help heat them, offering a future filled with light and laughter. Changing Lives One Smile at a Time Iwant to give new smiles to waiting children! Enclosed is my donation for: Si dee SF@@eee SF S210 Si dee SF@eee Si deee SF@@eee SF Please send receipt to: Full Mame (print): Address: Zip:				Adop Smil		
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E-Mail: I have enclosed my check in US Dollars made payable to Operation Smile Please charge my gift to: □ Mastercard □ Visa □ American Express □ Discover Credit Card Number: Expires: Expires: Your Signature: Give Extra Smiles with Matching Gifts □ My employer has a matching gift program! Employer: Please enclose your matching gift form and employer contact information. Join as a Monthly Smile Partner! □ Yes, I want to be a Smile Partner! Please charge my credit card in the amount of \$ each month. I have provided my preferred credit card information above for my monthly Smile Partner donation. Please charge my monthly gift on or about the 15 th of each month □ Please charge my monthly gift on or about the 15 th of each month □ Note: You will receive monthly statements that include your Smile Partner giving history. You can call us at any time to increase or make a change in your Smile Partnership. Attended fY This gift is given At , ataAt@At } ata#a * A-{ to At =				-		
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Your Signature: Give Extra Smiles with Matching Gifts □ My employer has a matching gift program! Employer: Please enclose your matching gift form and employer contact information. Join as a Monthly Smile Partner! □ Yes, I want to be a Smile Partner! □ Yes, I want to be a Smile Partner! Please charge my credit card in the amount of \$ each month. I have provided my preferred credit card information above for my monthly Smile Partner donation. Please charge my monthly gift on or about the 1 st of each month □ Please charge my monthly gift on or about the 1 st of each month □ Please charge my monthly gift on or about the 1 st of each month □ Please charge my monthly statements that include your Smile Partner giving history. You can call us at any time to increase or make a change in your Smile Partnership. AxcdHUGa [Y This gift is givenÁ{, æåÁ@Á; ålæðð*Á-{:e∱.∻ □ Qåððå* æ	Please charge my gift to: D Mastercard D Visa D American Express D Discover					
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Operation Smile is a 501(c)(3) organization. Contributions are tax deductible in accordance with IRS rules and regulations.

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