

Please print this form and complete the information, then mail with your donation to Operation Smile, 3641 Faculty Blvd., Virginia Beach, VA 23453

## I WANT TO GIVE NEW SMILES TO WAITING CHILDREN!

Enclosed is my donation: [	☐ \$240 ☐ Other \$		
		□ On	e-Time Monthly
PLEASE SEND RECEIF			
			Date:
Address:			
City:	40.40	State:	Zip:
Phone: (Home)	(Cell)	E-Mail:	
Optional: Is your donation	in honor of an upcoming eve	nt in a particular region?	
A TRIBUTE OF SMILES	<u> </u>		
		in their name to Operation Sm	nile. We will send a tribute letter to
	· ·	forward a receipt to you for yo	
illionii yodi designated reel	pierie or your generosity and i	or ward a receipt to you for yo	ar donation.
THIS GIFT IS GIVEN			
PLEASE SEND TRIBUTE LI	ETTER TO		
Full Name (print):			
			Zip:
☐ I have enclosed my chec	k in US Dollars made payable	e to Operation Smile	
OR			
Please charge my gift to:	] MasterCard 🗌 Visa 🗌 Amer	ican Express 🗖 Discover	
		E	xpires:
Your Signature:			

Operation Smile ATTN: Sending Hope 3641 Faculty Boulevard, Virginia Beach, VA USA 23453

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.