

The Smiles Foundation
Finance & Administration
P.O. Box 35602 Phoenix AZ 85069
Tel. & Fax: 423-239-9525

The Smiles
FOUNDATION



SUPPORT DETAILS

Thank you for sharing the work of The Smiles Foundation with me.

- I would like to support the projects detailed below
- I would like information on joining a future mission trip
- I would like to be added to the e-mail list for regular updates. Please print your address very clearly below

Name: _____

Address: _____

Tel #: _____ E-mail: _____

I enclose a Check/Money Order for \$ _____ payable to Smiles.

I want to support with a regular monthly gift. (Please contact me)

I would like to Charge my Visa / Mastercard (please circle which)

Card Number:

Valid From: ___ / ___ Expires End: ___ / ___

Cardholder Name: _____ Signature: _____

Or you can make a secure online gift at www.thesmilesfoundation.org

ALLOCATION OF SUPPORT:

- Where Most Needed (Monthly or Individual single Gift) \$ _____
- Tileagd Community School Child Sponsorship (\$60 monthly or individual gift) \$ _____
- Tileagd Children's Center Child Sponsorship (\$60 monthly or individual gift) \$ _____
- Cihei Children's Center Sponsorship (\$50 monthly or individual gift) \$ _____
- Gepiu Children's Center Sponsorship (\$50 monthly or individual gift) \$ _____
- Family Care Sponsorship (\$30 monthly or individual gift) \$ _____
- Medical - Dr's Ema & Claudia (\$20 or \$30 monthly or individual gift) \$ _____
- Emergency Housing Unit (Monthly or Individual single Gift) \$ _____
- Bratca Psychiatric Hospital (Monthly or Individual single Gift) \$ _____
- House Renovation (Monthly or Individual single Gift) \$ _____
- Sack of Smiles (Monthly or Individual single Gift) \$ _____
- Other (please detail) _____ \$ _____

TOTAL GIFT \$ _____



All gifts are tax deductible and a receipt will be sent for all donations received.

Charitable Non-profit: 86-0957704