

Yes! I would like to support the humanitarian work of Operation Smile Canada!  
Please print this form and complete the information, mail with your donation to:

**Operation Smile**  
3760 14th Ave, Suite 202  
Markham, ON  
Canada  
L3R 3T7



Every child should be able to smile. With your help, we can reach all the kids who need us. Your gift can help heal them, offering a future filled with light and laughter.

**I want to give new smiles to waiting children!** Enclosed is my donation for:

\$240       \$120       \$80       \$60       \$20       Other \$ \_\_\_\_\_

Please send receipt to: Full Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please charge my gift to:  MasterCard       Visa       American Express

Credit Card Number: \_\_\_\_\_ 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 1<sup>st</sup> of each month

Please charge my monthly gift on or about the 15<sup>th</sup> 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.*

**A Tribute of Smiles**

Honor a friend or member of your family with a donation in their name to Operation Smile. We will send a tribute letter to inform your designated recipient of your generosity and forward a receipt to you for your donation.

This gift is given:

In honor of (print name) \_\_\_\_\_  
OR

In memory of (print name) \_\_\_\_\_

Please send tribute letter to:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Operation Smile Canada Foundation is a registered Canadian charity. Our charitable registration number is 84064 3605 RR0001.

All eligible gifts of \$20 or more will be provided a tax receipt only if we have your full name and mailing address.

Gifts given online are receipted immediately by email.

A gift made to any appeal represents a gift to the entire Operation Smile Canada 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.