



DONATION FORM

Alliance for Smiles medical teams have provided life-changing surgeries for hundreds of children; but many more children are still waiting. **You can help stop the waiting!**

Please circle one:

- \$50 Provides antibiotics for one child
- \$200 Provides sutures for one surgery
- \$400 Covers the land costs of a medical team member
- \$1,000 Pays for surgery for one child
- \$2,000 Helps to provide transportation for a medical professional
- \$5,000 \$5000 per year qualifies the donor to be recognized on our website as a major donor. Please contact us to discuss giving options.

Other Amount \$ _____

Name _____ Company or Organization _____

Address _____

Phone _____ Email _____

How did you hear about Alliance for Smiles? _____

- _____ Enclosed is my check, payable to Alliance for Smiles
- _____ Please charge my Visa / MasterCard / American Express (circle one)

Card# _____ Exp. date _____

Signature _____

Please complete form and return to:

Alliance for Smiles, Inc.
2565 Third Street, Suite 237
San Francisco, CA 94107

Phone: (415) 647- 4481
Fax: (415) 647- 7041