

SMILE TRAIN SPONSORSHIP FORM



Name: _____ Fundraising Goal: _____

I am participating in a Smile Train fundraising event! Funds raised will help provide free surgery and related treatment for children born with clefts.

Please consider supporting this event and making a donation to Smile Train for any amount. Thank you!

	Name of Sponsor	Pledge Total	Email Address	Cash/Check/ Online Donation
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Please mail back this form and all donations to:
Smile Train
P.O. Box 96231
Washington D.C. 20090

Smile Train is a 501(c)(3) nonprofit organization.
Your contribution is tax-deductible to the extent allowed by law.

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