



DONATION FORM

NAME/COMPANY: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE #: () _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____

SIGNATURE: _____

Smiles of Innocence Contact Name: _____

PLEASE ACCEPT OUR DONATION OF:

- \$10,000 \$ 5,000 \$ 3,000 \$ 2,500 \$ 2000
 \$ 1,500 \$ 1,000 \$ 500 \$ 250 \$ _____

Please make cheques payable to **Smiles of Innocence** and mail to: 144 Curtis Cr., King City, ON L7B 1C1

Thank you for your support and generosity.

