



2020 DONATION FORM

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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.

