



REQUEST FOR INFORMATION

Name _____

Address _____

City, State, Zip _____

Telephone # () _____

Contact Person _____ (if different than above)

Telephone # () _____

Please send me information on the following:

___ Application for a "SMILE"

___ Donor information packet

___ Information on one of your special events (please specify): _____

___ I'd like to donate! Please find my check that is enclosed.

Please Complete and Return to:

Make a Senior Smile, Inc.
Post Office Box 532
San Dimas, CA 91773