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Thank you for your support.

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DONATION AMOUNT _____

My check is enclosed.

Please charge my credit card Visa MasterCard AmEx Discover

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Please complete if donation is a Tribute Gift:

In memory of _____

or

In honor of _____ on the occasion of _____

Color A Smile will send an acknowledgement letter to the following person:

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ADDRESS _____

CITY _____ STATE _____ ZIP _____

Mail this form and your check to:

COLOR A SMILE
PO BOX 1516
MORRISTOWN NJ 07962-1516

Thanks again for your support!