

Color A Smile 1 Year Subscription form for a Recipient.

A subscription is for 1 year and includes 12 monthly mailings.

Suggested donation amounts are really only, "Suggested." Feel free to donate more, less, or nothing at all. Please remember that all donations are greatly appreciated and used to help us spread more smiles.

Enter Recipient Information below:

Recipient Last Name: _____ First Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Choose how many drawings we should mail each month: (must choose either **2** or **10**)

___ **2** drawings per month: Mailed to individuals.

Usually hung on a refrigerator door or bulletin board for the individual to enjoy.
Suggested donation is \$20.00 per year

___ **10** drawings per month: Mailed to Activities Directors at Nursing Homes or to Military Personnel.

Usually displayed in Common Areas for everyone to enjoy.
Suggested donation is \$35.00 per year

Your Last Name: _____ Your First Name: _____

Your email: _____

We will notify you via email when the subscription is about to expire. You can renew a yearly subscription as many times as you would like.

Optional donation: Enclosed is my check in the amount of: _____

Color A Smile is a 501(c)(3) nonprofit organization. Donations are tax deductible.

Mail this form (and your donation) to:

COLOR A SMILE
SUBSCRIPTIONS
PO BOX 1516
MORRISTOWN NJ 07962-1516

Thanks again for your support!