

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

Thank you for your support.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

DONATION AMOUNT _____

Complete this information if donation is a gift and you want us to send an acknowledgement letter:

In memory of _____
or
In honor of _____ on the occasion of _____

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

NAME _____

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!