

## The Smile Fund

I would like to make a difference in a youth's life by contributing to  
The Smile Fund

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I/We would like to make a:  
\_\_\_\_ One time    \_\_\_\_ Monthly  
\_\_\_\_ Quarterly    \_\_\_\_ Yearly  
Donation of \$ \_\_\_\_\_

*Please make checks payable to  
**Open Arms Christian Ministries**  
With the notation of "**Smile Fund**" in the memo*

**Open Arms Christian Ministries**  
**SMILE FUND**  
**P.O. Box 271**  
**Switz City, IN 47465**

*100% of your donations are used for the charitable fund listed and no other personal benefit can be derived from your contribution. Your donations are tax-deductible.*