

### Donation Form

To support Operation Smile Thailand in providing free surgeries for children with cleft

I would like to donate

- ☐ Monthly donation ☐ Baht 2,000 ☐ Baht 1,000 ☐ Baht 500 ☐ or Baht .....
- ☐ One-off donation ☐ Baht 5,000 ☐ Baht 3,000 ☐ Baht 2,000 ☐ Baht 1,000 ☐ Baht 500 or Baht .....

For monthly donation, your credit card will be charged on the 5th of every month

☐ Charge my credit card (minimum at Baht 300, the donation will be charged on the 5<sup>th</sup> of every month)

☐ Visa ☐ MasterCard

Card number 

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Cardholder name .....

Expiry date ...../..... Signature.....

### Please fill in your below details

Name (Mr./Mrs./Miss)..... Surname.....

Address No.....Bluiding.....Soi.....Road.....

Sub-District.....District..... City.....Postal Code.....

Tel..... Office Tel.....Ext..... Mobile.....

Date of Birth...../...../..... Email.....

As soon as the transaction is completed, please fax the copy of this form and transfer slip to 02 075 2703 or email to [thailand@operationsmile.org](mailto:thailand@operationsmile.org) or send to Operation Smile Foundation 12/2 Soi Methinivate, Sukhumvit Soi 24, Klong Ton, Klongtoey, Bangkok 10110, Thailand.

The receipt will be submitted to you. \*Contribution are tax-deductible as permitted by law.

