Fundraising

Yes, I would like to support The Smiles Foundation by committing to a future fundraising event.

I plan my event on _____

(date)

The event will be _____

(description of event)

I am targeting to raise £ _____

I would like to designate support to _____

Name: _____

Address: _____

City: _____ Postcode: _____

Email: _____

Home phone: _____Mobile: _____

Please return to:

The Smiles Foundation, P O Box HK70, Leeds LS11 6YR