Our Thank-You Gift to You

Every supporter of the Complex Operating Budget at $65 a month or more will receive a 1% discount per month (or for every $65 given) against a Smiles Mission Trip to be taken anytime in the next 5 years. Discounts can be accumulated, and at any time, the total discount can be exchanged against a Mission trip. You can even use your discount as a gift to someone else. For example – support the complex for 12 months and take a 12% discount from a future Mission Trip – It's as simple as that.

Discounts will be accounted for by Smiles and a Confirmation Voucher will be sent each year. Any questions, please call or e-mail.

Tel: 423-239-9525 E-mail: info@thesmilesfoundation.org

Transforming Lives through the Love of God






Through Church ... Worship, Teaching & Fellowship

Through Education ... School, Kindergarten & Nursery,

Through Medical ... Doctor, Dentist & Optometrist







The Smiles Foundation (Reg. Charity)
All Gifts are tax-deductible—Non-Profit # 86-0957704
P.O. Box 35602, Phoenix, AZ 85069
Web: www.thesmilesfoundation.org
E-mail: info@thesmilesfoundation.org
Telephone: (423) 239-9525

Want to be one in a Million?

Start with being 1 in 400!

The Smiles Foundation needs *400 special people* who can enable the people of Tileagd in North-West Romania to have the wonderful facilities of the newly opened Community Complex fully available to transform their lives.

We need 400 people to support with $65 a month. That is $780 a year. This can be supported monthly or as a one time gift. Smiles is currently covering a $26,000 monthly budget to run the School, Medical facility and Church.

CAN YOU HELP?

A Special Thank-you from Smiles for Complex supporters overleaf

Every aspect of the Tileagd Community Complex is critical to the local people. For The Smiles Foundation, the 3 departments of the Complex are fundamental to fulfil God's plan and purpose for His people.



1. Education
– to develop the mind



2. Medical
– to ensure
a healthy body



3. Spiritual
– to feed the soul

After 5 years in the planning and 3 years in construction – we have now started the full daily operation of the Complex and our strongest desire is to see **'Transformed Lives'**.

After so many supported the building of such a first class facility, we now pray for as many to help support the facility of School, Medical Clinic and Church to operate to its full potential.

$2 million was invested in this 'first of its kind' complex in Romania.

Just as thousands fund-raised so creatively and relentlessly to build this wonderful Complex – we now ask you to continue raising the funds and donating your support to the Operational Costs.

The School, Kindergarten and Nursery have 28 staff including teachers, classroom assistants, cooks, cleaners, maintenance and security men. The costs of staff, food, transport, supplies and utilities total $19,140 each month.

The Medical facility with Doctor, Nurse, Dentist and Optometrist plus vehicle costs, medications and utilities total $5,218 each month.

The Church with advisory part-time pastor and one full-time pastor has a modest budget which we hope to see build, but currently includes salaries, transport, utilities and a good Outreach program totalling $1,642 each month.

A total budget of $26,000 a month and our desire of seeing transformed lives in Tileagd, needs your help with a contribution to meet the budget.



The Tileagd Complex serves on average 400 special people each month.

That's a cost of $65 per person.

We need 400 special people per month to help 'Transform Lives'.

Are you 1 in 400?

I want to support the Tileagd Community Complex to Transform Lives.

Name: _____

Address: _____

_____ Zip _____

Tel #: ( ) _____

E-mail: _____

I enclose my check for $ _____ for the Complex.

I want to set up 'Bill Pay' with my bank.
It will be for $ _____ per month / year.
(Send to: The Smiles Foundation, P.O. Box 35602, Phoenix, AZ 85069)
Bank Account: Global Music Ministries DBA The Smiles Foundation
Bank of America, A/C 0032-5987-4396 Bank Routing: 061000052

I would like to charge to my Visa/Mastercard account. Monthly / Yearly

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp. ___ / ____ 3 Digits __ __ __ (On signature strip)

Hand this form to any Smiles team member now, or mail to:
The Smiles Foundation, P.O. Box 35602, Phoenix, AZ 85069