

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  American Express  Diners Club

Card number

Cardholder name .....

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

Bank transfer

Bank	Branch	Account No.	Bank	Branch	Account No.
<input type="checkbox"/> Bangkok Bank	Aree	127-435422-2	<input type="checkbox"/> Krungthai Bank	Ploenchit MEA	092-013280-4
<input type="checkbox"/> Krungsri Bank	Ploenchit Tower	285-135204-6	<input type="checkbox"/> Siam Commercial Bank	Ploenchit	059-285134-9

Transferred brunch..... Transferred date ...../...../.....

Cheque or Cashier Cheque made payable to "Operation Smile Foundation"

Issue bank .....Cheque No.....

**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 [surangkana.u@operationsmile.org](mailto:surangkana.u@operationsmile.org) or send to Operation Smile Foundation 12/2 Soi Methivate, Sukhumvit Soi 24, Klong Ton, Klongtoey, Bangkok 10110, Thailand. The receipt will be submitted to you. \*Contribution are tax-deductible as permitted by law.

