



**Our mission: To reduce the childhood tooth decay epidemic and protect the most powerful source of energy, joy and happiness in the world: children's smiles!**

**Will you help?** Your generous donation will help support education of the benefits of oral care, S.T.E.M., entrepreneurship and inspire kids that they can do anything!

**Your Donation**

**\$250** \_\_\_\_\_ **\$100** \_\_\_\_\_ **\$50** \_\_\_\_\_ **\$25** \_\_\_\_\_ **Other** \_\_\_\_\_

**Your Information**

First Name: ..... Last Name: .....

Email: ..... Phone (.....).....

Address: .....

City ..... State ..... Zip.....

Country .....

..... *Send me an occasional email about important Million Smiles news and how I can help more kids live happier and healthier lives!*

**Your Payment Information**

Credit Card Number: .....

Expiration Date: (Month) ..... / (Year) ..... CVV Number: .....

Billing Zip Code: .....

Cardholder Signature: ..... Date: .....

**Please return** 1) **Email** to [support@zollipops.com](mailto:support@zollipops.com)  
or **Fax** to 800-982-1105  
or **Mail** to: Million Smiles Initiative, PO Box 1351, Walled Lake, MI 48390-5351

**Thank you for your generous support!**  
[MillionSmilesInitiative.org](http://MillionSmilesInitiative.org)     [facebook.com/zollimillionsmiles](https://facebook.com/zollimillionsmiles)  
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