



OPERATION SMILE PLEDGE FORM 2006

Today's Date	Telephone	Fax
Name		Email Address
Company Name		
Address		
City	State	Zip Code

Total Contribution \$ _____ (Each surgery is \$240)

Check enclosed Payable to Operation Smile Check# _____

Card Used: **VISA** **MC** **DISCOVER** **AMEX**

Card Number: _____

Expiration Date:: _____

Name on Card: _____

By signing this agreement, I authorize Michael Leavitt & Co Inspections, Inc. to bill my credit card for my contribution amount. The credit card billing fees will be paid for by Michael Leavitt & Co Inspections, Inc and I understand that the full amount of my contribution pledge payment will be made on my behalf to Operation Smile.

Company Representative (Signature required) _____ Date _____

Mail or Fax Application to:
Jessica Leavitt
1145 N. Main Street
Orem, Utah 84057

Tele 801-224-6207 Fax 801-224-6207

Internal Use Only:

Date Received ____/____/____ AC _____ PT _____
 AP# _____ Batch# _____ Conf _____ CE _____ CS _____