

MAKE A SENIOR
Smile

SMILE APPLICATION

I am applying for: Myself Someone else

Name _____ DOB: _____

Address _____ (Must be 55yrs or older)

City, State, Zip _____

Telephone # () _____

Contact Person _____ (if different than above)

Telephone # () _____

What would make you smile?

Give a brief description of yourself and why you should be chosen.

Please allow at least 6 months for a response to your Smile Application.

Please Complete and Return to:

Make a Senior Smile, Inc.
PO Box 532
San Dimas, CA 91773

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