

## Our Services



Creating Smiles,  
Improving Lives



*Giving Society*

## Our Mission

**Austin Smiles – The Austin Plastic Surgery Foundation** is a nonprofit organization whose mission is to provide sustainable surgical care to children born with cleft lip and cleft palate both in **Central Texas** and **Latin America**.

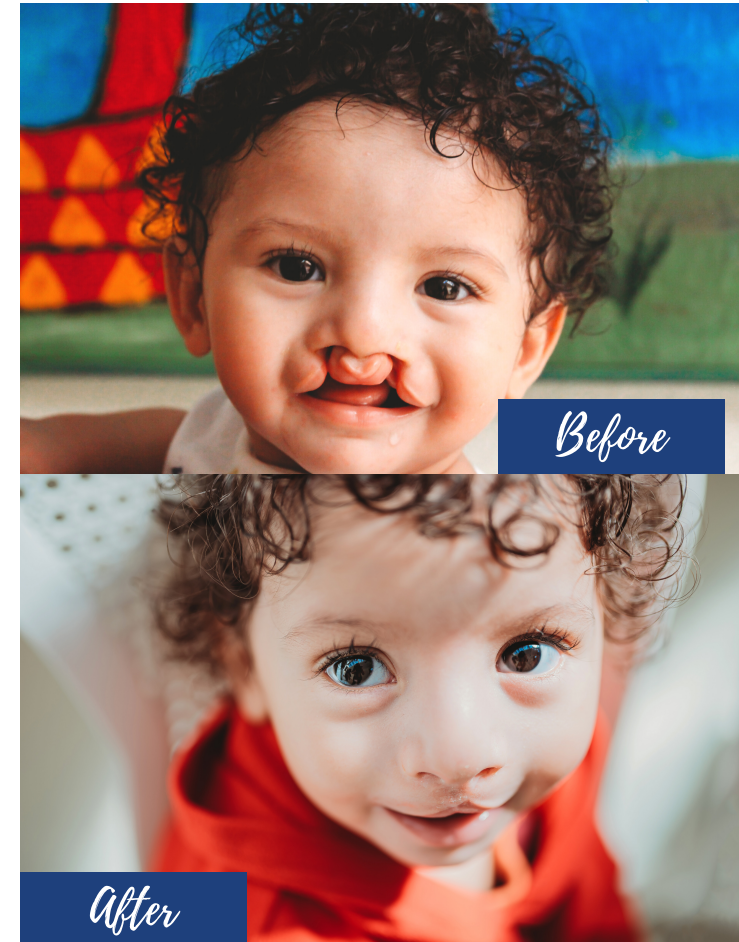
## Become a Member

Austin Smiles **Giving Society** provides sustainable funding to our program and mission in Texas and Latin America. If you are interested in becoming a Giving Society member, please fill out the attached pledge form and return it to Renee Hanson Malone, Executive Director, [renee@austinsmiles.org](mailto:renee@austinsmiles.org)



## Contact Us

9415 Burnet Rd. Suite 207 - Austin TX 78758  
(512) 451-9300 - [renee@austinsmiles.org](mailto:renee@austinsmiles.org)  
[www.austinsmiles.org](http://www.austinsmiles.org)



"Giving is not just about making a donation. It is about

**MAKING A DIFFERENCE."**

- Kathy Calvin



## Austin Smiles *Giving Society*

\$1,000 or more per year for a  
commitment of three years

## Austin Smiles *Legacy Society*

Let your legacy live on through a  
planned gift

### The Need

One in seven hundred babies are born with cleft lip and/or cleft palate. Children born with this condition often face: failure to thrive, feeding difficulties, speech & language development, breathing & hearing impairments, as well as social & emotional issues related to stigma, ridicule, and feelings of isolation.



## Austin Smiles Giving Society Chair Beau Theriot



## Member Services

All Giving Society members receive the following:

- Recognition at events, on Austin Smiles website & annual report
- Invitation to two exclusive receptions per year, with the opportunity to invite friends & colleagues
- Austin Smiles Annual Commemorative Gift  
\* Sign up for Giving Society now and receive 2 Austin Smiles branded face masks!
- Contributions are 100% tax-deductible

**Most importantly, when you join the  
Giving Society, you are investing in  
transforming children's lives!**



### Austin Smiles Giving Society

I want to pledge the following  
amount per year for 3 years:

- ☐ \$1,000 i.e. \$250/quarter or \$83/month
- ☐ \$5,000 ☐ \$25,000
- ☐ \$10,000 ☐ Other Amnt. \$ \_\_\_\_\_

I would like to pay:

- ☐ Annually ☐ Quarterly ☐ Monthly

### Austin Smiles Legacy Society

☐ I want to make a planned gift. Please  
contact me at the following email/phone:

\_\_\_\_\_

☐ I am **not** interested in joining Giving Society  
at this time, but would like to make a one  
time donation of \$ \_\_\_\_\_

Payment Options:

- ☐ Pay Online **[www.austinsmiles.org](http://www.austinsmiles.org)**
- ☐ Pay by Check

Pay by Credit Card: ☐ AmEx

☐ Discover ☐ Visa ☐ MasterCard

Name: \_\_\_\_\_

Address: \_\_\_\_\_

CC Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CWV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_