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We have the community, we have the clinic, all we need is YOU!

Yes! I want to help provide much needed dental health care in Guatemala.

Please process my credit card for my tax-deductable gift of:

- I want to give one week of my time **plus** \$1,000
- I want to give \$1,000 (this will provide care for up to 250 patients)
- Additionally, I can contribute \$_____

I choose to have my above tax-deductable gift processed in recurring equal monthly payments:

Charges to start: _____ Charges to end: _____

If donor opts to set up recurring donations we will automatically debit the provided credit card for the amount requested on a monthly basis. At any time the donor may modify or cancel this recurring donation by faxing or emailing instructions to openwide@speareducation.com. Requested changes will be processed within 3 days of receipt.

I authorize Open Wide Foundation to charge my below listed credit card:

Credit Card Type: American Express Master Card Visa

Card Number: _____

Expiration Date: _____ Security Code: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone # _____ e-mail address: _____

I understand that my signature below also indicates that I have read & understood the refund/cancellation policy.

Signature: _____

An acknowledgement of your contribution will be mailed to you. Thank you for supporting the Open Wide Foundation. All donations are final. Refunds and cancellations may be given at the discretion of the administration. An administration charge will be deducted from any refunds made in order to cover the cost of processing the donation. If you believe that an error has been made in connection with your online donation, contact us at openwide@speareducation.com

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