

SMILE FUND APPLICATION



All fields are required in order to be considered.

Your Information

Name

Email

Phone

Address

City

State

Zip

Relationship to Nominee:

Nominee Information

Name of Person with EB

Date of Birth

EB Type

EB Subtype Email

Email

Phone

Address

City

State

Zip

Photo attached?

Has the nominee ever received a wish from another organization? Please describe.

Smile Request

What is the nominee's mini-wish?

Why would this make them smile?

Additional Comments:



Return this form by mail, fax, or email to:

**debra of America
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Fax: (212) 868-9296
Email: smile@debra.org**