

Fundraising Application Form

Thank you for your interest in fundraising on behalf of Operation Smile. As part of the application process, we'd like to know more about the fundraising event or activities you are planning. Please complete this form and submit your application to begin the approval process.

Your Contact Information (At least one contact must be over 18.)

First Name:

Last Name:

Address:

Mobile Number:

Email:

Fundraising Event Name:

Number of Guests:

Describe your fundraising event or activity:

Fundraising Goal (THB):

Location or Venue:

Event Date:

Venue Phone:

Venue Address

Venue Contact:

How will funds be raised:

- Donations
- Ticket Sales
- Auction
- Corporate/Business Sponsorships
- Others (please specify below)

Please submit your application form to rdmgr2@operationsmile.or.th or fax to 02 652 0517.