



Sign Up Card Subscription Form

Card Service Type (choose one):

New Renew

Subscription Period (choose one): *Cards will be mailed once a month for the 3, 6, 9, and 12 month option with the option to renew at the end of the subscription period.*

One time card only 3 months 6 months 9 months 12 months

Cancer Patient Information:

Choose one: Male Female

First Name _____

Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Your Information:

First Name _____

Last Name _____

Email Address _____

An email will be sent to this email address 3-5 days before the cards are mailed each month with the option to cancel at any time or to renew at the end of the subscription period.

Choose one:

- Recognize me as the sender (An insert will be included with the first card mailed recognizing you as the sender), or
- I would like to remain anonymous

Mail completed form to:

Send A Smile Today
9462 Brownsboro Road #381
Louisville, KY 40241

Or, scan and email the form back to us at: info@sendasmiletoday.org