Make A Child Smile Organization

www.makeachildsmile.org

a 501(c)(3) tax-exempt organization

EIN: 88-0433621

Home Address Disclosure Authorization

We, undersigned below, authorize the Make A Child Smile Organization, to post our **Home Address** for our family to receive postal mail on their website at www.makeachildsmile.org.

We understand and take full responsibility for anything that may arise as a result of this and agree to release the Make A Child Smile Organization, its subsidiaries, and affiliates, and their respective officers, agents, partners and employees, harmless from any loss, liability, claim, or demand, including reasonable attorneys' fees, made by any third party due to or arising out of posting our Home Address on www.makeachildsmile.org.

To be signed by BOTH parents, unless one has Sole Custody of the child

_____ _____

Parent Signature **Date** **Parent Signature** **Date**

_____ _____

Print Name (First & Last) **Print Name (First & Last)**

_____

Home Address (Street, City, State, ZIP)

_____

Name of Child to be Featured (First & Last)

This Form may be faxed to (866) 498-9772 (no cover sheet needed)

Or Mailed to:

Make A Child Smile
614 E. Hwy 50, #150
Clermont, FL - 34711

pdf