

Caring professionals providing orthodontics for at-risk youth throughout Oregon

The focus of ASK is to identify those kids who are ridiculed or bullied because the look of their teeth



Can you imagine going to your first day of school or a job interview with this smile?

Dear ASK Supporter,

Growing up today is tough enough – but some kids face additional challenges such as an unstable home life, being low income, suffering from abuse or neglect, being homeless or in foster care... Now add to these burdens the humiliation of being teased and bullied because of their smile. For these kids, braces seem like an impossible dream.

These kids need a boost - somebody to invest in them and their future. After receiving braces, many ASK kids report increased self-esteem, better grades, improved social interactions, and meeting mentors through their ASK-required volunteer work.

Donating to ASK is a concrete way to invest in a life-changing event for a deserving child. Please remember ASK as you consider your end of the year giving. ASK is a 501(c)3, and your donation is tax deductible.

Thank you for your on-going support of ASK!



“Braces are the best Christmas present ever! It’s going to change my life and I won’t get picked on anymore. Thanks a million for sponsoring my braces and making all this happen.”
 - Elayna



“My teeth are my hardest insecurity in my life, and always will be a detriment to my confidence and self-esteem. Braces will help boost my confidence forever.”
 - Terrance



**Help brace a child for a brighter future.
 Donate today and change the life of a deserving child.**

Name _____

Address _____

City, ST, Zip _____

Phone _____

Email _____

- \$20.00 \$50.00
- \$100.00 Other \$ _____
- Sponsor A Smile for \$3,000 (\$125 for 24 months)*

How to Give:

- Credit Card (see box on right)
- On-line (www.AdvantageSmilesforKids.org, select the “To Donate” tab)
- Mail check (payable to ASK) to 442 SW Umatilla Avenue, Suite 200 Redmond, OR 97756

Credit Card Information ___ Visa ___ MasterCard	
Name as it appears on card _____	
Card Number _____	Security Code _____
Signature _____	Exp. Date _____

*Contact ASK for more information at ask@advantagedental.com