

Wrap 4 A Smile



In February 2005, **Kevin A. Williams** founded "Wrap 4 A Smile" program. The Foundation was established and designed to extend community outreach to those less fortunate, encourage youth to participate in local community service projects, and to promote public healthcare programs. **Wrap 4 A Smile** program raises funds, collects products, packs care bags, and distributes personal care items that **cannot** be purchased with food stamps.

Did you know?

Food Stamps can buy:

Food for human consumption.

Seeds and plants which produce food for consumption by food stamp households.

Food Stamps cannot buy any nonfood items, such as:

Soaps, paper products, household supplies, vitamins and medicines.



Mission Statement

To extend community outreach to those less fortunate, encourage students to participate in local community service projects and to promote public healthcare programs.

Wrap 4 A Smile Foundation, Inc. is a not-for-profit 501(c)(3) organization.



Educate. Act. Make a Difference.



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Touch the world with a smile.



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Here Are The Facts:

- 36 million Americans live in poverty
- 17% of American children live below the poverty level
- 1.3 million of American youths are homeless & runaways where they are living on the streets
- 16,000 children in the world die daily from hunger related causes

Join Us to Stop Hunger!



Facilitates the Collection & Distribution of School Supplies & Clothing

Social Education & Awareness

Supports Food Bank by Collecting & Delivering Food Items

Develop Leadership Skills & Self Discipline

Service Learning to "Make A Difference"

Youth Programs & Travel Experience

Direct Community Actions for those in need

Visit Homeless Shelters & Soup Kitchens

Global Public Health & Emergency Response Care

Congressional Award, Presidential Volunteer Service Award & Act of Kindness Award



Wrap4ASmile

Yes, I want to be involved!

Please send information to start a volunteer group ()

I wish to help fight poverty ()

Enclosed is my donation: \$20 _____ \$35 _____ \$50 _____ Other \$ _____

Please charge my contribution to my Master Card () Visa () Amex () Discover ()

Account# _____ Expiration Date _____

Cardholder's Signature _____ Amount \$ _____

Name _____

Address _____

State/Zip Code: _____ Phone Number/Email: _____

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