OFFLINE DONATION TRACKING FORM

FIRST NAME	LAST NAME	HOME ADDRESS	CITY	PROVINCE	POSTAL CODE	PHONE	EMAIL	PLEDGE	TYPE cheque/ cash	COLLECTED	Yes, I'd like to receive mail from OSCF
Volunteer Name: _____ Phone: Address: City: _____ Province: _____ Postal Code: Email: School: (if applicable)							TOAL PLEDGES				
							TOTAL COLLECTED				
							BALANCE REMAINING				

The donor's name and address must be clearly printed and complete on the form above to receive a tax receipt from Operation Smile Canada. Donors who wish to use credit cards should fill out a separate Operation Smile Canada Credit Card Donation Form.

Cheques should be made payable to: Operation Smile Canada. Mail all of your original Fundraising Tracking Forms along with a Fundraising Revenue Submission Form and all donations – cheques, money orders & credit card forms to:

Operation Smile Canada, ATTN: COMMUNITY ENGAGEMENT TEAM

375 University Ave, Suite 204, Toronto, ON M5G 2J5

Please mail all donations within 30 days of completing your fundraising event.

THANK YOU FOR YOUR GENEROSITY.

Operation Smile Canada Foundation is a registered Canadian charity. Our charitable registration number is 84064-3605 RR0001.
All eligible gifts will be provided a tax receipt. Tax receipts are provided for gifts of $10 or more and only if we have your full name and mailing address.
Email is preferred for receipting to save on costs.

Operation Smile Canada