

Please fill out both pages of this form and send them to us:

Operation Smile Canada

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

EMAIL: ca-supporters@operationsmile.org
TOLL-FREE: 1.844.376.4530

Donor Information

Mr. / Mrs. / Ms. Last Name: _____ First Name: _____

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

I prefer to receive my charitable tax receipt: by email by mail

Would you like to receive periodic electronic communications from Operation Smile Canada? Yes No

What motivated your gift today? _____

Gift Information

Donation Amount: \$ _____ Please Give Generously

This donation is made by: an individual a Corporation: _____

Method of payment: Credit Card Direct Debit Cheque

Credit Card Information

Card type:   

Card #: _____

Name on Card: _____

Expiry Date: _____

Direct Debit/Bank Information

As found at the bottom of your cheque.

⑈00⑈ ⑆ 2345⑈00⑆ 23456⑈7⑈
Branch Number Institution Number Account Number

Branch #: _____ Institution #: _____

Account #: _____

Name of Bank: _____

This form has 2 pages. Please see and use the next page and tell us who and how we should acknowledge your generosity.

In Honour / In Memory Information

In Honour of (Print Name): _____

In Memory of (Print Name): _____

Acknowledgement Information

Send Acknowledgement to (Print Name): _____

Send a card to the address below

Street Address: _____

City/Town: _____ **Province:** _____ **Postal Code:** _____

Or an e-card to this email: _____

Message: _____

Signature: _____ **Date:** _____

Thank you for your support.

