

Please fill out this form and send it 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

Type of Donation: Single Gift Monthly Gift → Process my monthly gift on the: 1st 15th of the month

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.

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Branch Number Institution Number Account Number

Branch #: _____ Institution #: _____

Account #: _____

Name of Bank: _____

Signature: _____ Date: _____