Donation Log

Contact (Responsible for the collection and report of donations): _____

Contact Phone: _____

Team Name: _____

TEAM CAPTAINS: Please fill out the following information for each donor who provided a check or cash donation. Filling out this donation log will accurately credit your team page.

Date Received	Check # or Cash	Check Date	**Donor Name** (Last name, First name) *if organization give org name and contact name	Donor Address for Receipting	Amount of Check or Cash	Accounting Office Only

NOTE: The donor's name and address must be clearly printed and complete on the form below to receive a tax receipt from Operation Smile. Donors who wish to use credit cards should fill out the separate Operation Smile Credit Card donation form. Checks should be made to Operation Smile. Mail all of your original Fundraising Tracking Forms to:
Operation Smile, 3641 Faculty Boulevard, Virginia Beach, VA 23453 USA. Please mail all donations within 30 days of completing your fundraising event.

Operation Smile is a 501(c)(3) organization. Contributions are tax deductible in accordance with IRS rules and regulations.