

PLEASE PRINT AND SUBMIT THIS FORM WITH YOUR CHECKS



One Meal • One Day

FUND SUBMISSION FORM

Step 1: Provide Your Contact Information

First Name:

Last Name:

Address:

City: State ZIP

Telephone Number: - - Telephone Type: Home Cell Work

Email Address: Email Type: Personal Business

Step 2: Donation Instructions

Please make sure all checks* are made out to **Compassion International** and if possible, have the individual donors write **OMOD** on the memo line.

Mail checks and this form to:

COMPASSION INTERNATIONAL
PO BOX 65000
COLORADO SPRINGS CO 80962-9951

**Check payments may be processed electronically and may be withdrawn from your account on the same day we receive your payment. You may not receive a canceled check back from your bank.*

Step 3: Provide Your Donation Details

Total Amount of Funds Included:

Number of Individual Checks:

Sponsor Number:*

Advocate Number:* Source Code:*

**For Compassion sponsors and advocates. If this is your first time contributing to Compassion, or you don't have access to your sponsor/advocate numbers, you can leave these blank.*

For Compassion International Office Use Only
Source Code: 104225 – One Meal One Day,
Personality Code: 70090