Releasing children from poverty
Compassion in Jesus' name

One Meal • One Day

DONATION TRACKER

Name: _____ Goal: $ _____

Church/Group Name: _____ Due Date: _____

DON'T FORGET TO GIVE EVERY DONOR A STICKER & ENCOURAGE THEM TO WEAR IT!

Checks payable to Compassion with OMOD on the memo line.
A tax receipt will not be provided for cash donations.

First Name	Last Name	Email	Check if under 21	Amount Donated

SKIP A MEAL, CHANGE A CHILD'S WORLD. AND YOURS!

Total: $ _____