

PLEASE PRINT AND SUBMIT THIS FORM WITH YOUR CHECK



# 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 check is made out to **Compassion International** and write **OMOD** on the memo line.\*

Mail check 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*\*Check payments may be processed electronically and may be withdrawn from your account on the same day we receive your payment.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 Included:

Sponsor Number:\*

*\*If this is your first donation to Compassion, leave this blank. If you have a Compassion sponsor number but can't locate it, you also can leave this blank.*

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