



**Fundraising Revenue Submission Form (CLUB or GROUP)**  
**Operation Smile Student Programs**

Thank you for your efforts on behalf of Operation Smile. Your compassionate volunteerism is greatly appreciated. To ensure your club receives the appropriate recognition, please send fundraising revenue with this form to:

**Operation Smile**  
**Student Programs/REVENUE**  
**6435 Tidewater Drive**  
**Norfolk, VA 23509**

School/Group Name: \_\_\_\_\_

School/Group Address: \_\_\_\_\_

School/Group Phone Number: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Advisor Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Organization (if not OSSC) \_\_\_\_\_

**Fundraising Events:**

_____	\$ _____
_____	\$ _____
<b>Total Enclosed</b>	<b>\$ _____</b>

**In-Kind Donations:**

Item: \_\_\_\_\_ Quantity \_\_\_\_\_ Item: \_\_\_\_\_ Quantity \_\_\_\_\_

Item: \_\_\_\_\_ Quantity \_\_\_\_\_ Item: \_\_\_\_\_ Quantity \_\_\_\_\_

**TOTAL ENCLOSED:**

# of Checks Enclosed \_\_\_\_\_ Date of check (if single check): \_\_\_\_\_

Check one please:

\_\_\_\_ The enclosed amount represents our entire fundraising efforts for the year.

\_\_\_\_ The enclosed amount represents a portion of our fundraising efforts for the year.

Our fundraising goal for the year is/was \$ \_\_\_\_\_.

\_\_\_\_ We have exceeded our goal.

\_\_\_\_ We have met our goal.

\_\_\_\_ We are continuing to work towards our goal.

Comments: \_\_\_\_\_

For questions regarding this form or the submission of fundraising revenue, call 1-757-321-7645.

THANK YOU!

Operation Smile is a 501(c)(3) charitable organization. Federal ID #: 54-146-0147

6435 Tidewater Drive ■ Norfolk, VA 23509 ■ 757.321.SMILE (7645) ■ Fax 757.321.7660

[www.operationsmile.org](http://www.operationsmile.org)



**Fundraising Revenue Submission Form (STUDENT)**  
Operation Smile Student Programs

Thank you for your efforts on behalf of Operation Smile. Your compassionate volunteerism is greatly appreciated. To ensure you receive appropriate recognition, please send fundraising revenue with this form to:

**Operation Smile**  
**Student Programs/REVENUE**  
**6435 Tidewater Drive**  
**Norfolk, VA 23509**

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name (if different than above): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Fundraising Event(s):**

_____	\$ _____
_____	\$ _____
<b>Total Enclosed</b>	<b>\$ _____</b>

**In-Kind Donations:**

Item: \_\_\_\_\_ Quantity \_\_\_\_\_ Item: \_\_\_\_\_ Quantity \_\_\_\_\_

Item: \_\_\_\_\_ Quantity \_\_\_\_\_ Item: \_\_\_\_\_ Quantity \_\_\_\_\_

**TOTAL ENCLOSED:**

# of Checks Enclosed \_\_\_\_\_ Date of check (if single check): \_\_\_\_\_

Check one please:

\_\_\_\_ The enclosed amount represents my entire fundraising efforts for the year.

\_\_\_\_ The enclosed amount represents a portion of my fundraising efforts for the year.

My fundraising goal for the year is/was \$ \_\_\_\_\_.

\_\_\_\_ I have exceeded our goal.

\_\_\_\_ I have met my goal.

\_\_\_\_ I am continuing to work towards my goal.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For questions regarding this form or the submission of fundraising revenue, call Student Programs at 1-757-321-7645 (1-800-OPSMILE).

THANK YOU!

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