



2020 TEAM DONATION FORM

TEAM INFORMATION

Team ID Team Type Corporate Friends & Family School Team Women's PSC Team CIBC Banking Centre Transit/LOBTeam Name Team Captain's Name

- TAX RECEIPT INFORMATION**
- Receipts will be issued for donations of \$20 or more. Less than \$20, must be requested.
 - Donor's name and address must be complete and legible to receive a tax receipt.
 - Donations must be received by December 31, 2020 to receive a 2020 tax receipt.

DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)

DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)						Donation Amount (\$)	Tax Receipt Required	Language Preference
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French

If you wish to make a donation to the CIBC Run for the Cure using a credit card, please visit www.cibcrunfortheure.com or telephone 1-800-268-8874 to speak with a Donor Care representative.

\$ **TOTAL DONATIONS** (this form only)

WHAT TO DO WITH YOUR FORMS & DONATIONS

1. Bring cash/cheque donations and forms to a CIBC banking centre.
2. Get forms bank stamped by a CIBC teller.
Keep forms – do not leave forms at CIBC.
3. Make copies of all forms for your records.

4. Mail bank stamped forms to:
Canadian Cancer Society
Attn: Gift Processing Department
55 St Clair Avenue West, Suite 500
Toronto, Ontario M4V 2Y7
(Please do not mail cash)

The CIBC Run for the Cure, daffodil and pink ribbon ellipse are trademarks of the Canadian Cancer Society. The CIBC logo is a registered trademark of CIBC. Charitable Registration No. 118829803 RR 0001



TOTAL DEPOSITED AT CIBC (this form only)

\$

CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS

1. Forms are accepted year round
2. Ensure that this form is filled out in full with participant name, contact information, postal code and email address
3. Make deposit in CBFE using Deposit under the Business Services option from the left navigation. DO NOT use the Client Banking, Search Client screen
4. Enter transit no. 112 and **donation account**
5. Verify account short name ends in PLEDGE
6. Verify amount of the deposit and enter it on this form
7. **DO NOT PROCESS PAYMENTS BY CREDIT CARD**
8. Return stamped form to participant