



Canadian
Cancer
Society

**CIBC RUN
FOR THE CURE**



2023 DONATION FORM

PARTICIPANT INFORMATION (Please print clearly. *Required information)

Participant ID _____

*First Name _____ *Last Name _____
 Suite/Apt _____ *Street _____ *City _____ *Prov _____ *Postal Code _____
 *Email _____ *Phone _____

TEAM INFORMATION (If applicable)

Team ID _____

Team Type Corporate Friends & Family School Team Women's Team CIBC Banking Centre Transit/LOB

Team 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, 2023 to receive a 2023 tax receipt.

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"/> English
Suite/Apt # _____	Address _____	City _____	Prov _____	Postal Code _____
Email _____	Phone# _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation	<input type="checkbox"/> Was this money raised through a fundraising activity**	<input type="checkbox"/> No <input type="checkbox"/> French
First Name _____	Last Name _____		<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt # _____	Address _____	City _____	Prov _____	Postal Code _____
Email _____	Phone# _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation	<input type="checkbox"/> Was this money raised through a fundraising activity**	<input type="checkbox"/> No <input type="checkbox"/> French
First Name _____	Last Name _____		<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt # _____	Address _____	City _____	Prov _____	Postal Code _____
Email _____	Phone# _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation	<input type="checkbox"/> Was this money raised through a fundraising activity**	<input type="checkbox"/> No <input type="checkbox"/> French
First Name _____	Last Name _____		<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt # _____	Address _____	City _____	Prov _____	Postal Code _____
Email _____	Phone# _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation	<input type="checkbox"/> Was this money raised through a fundraising activity**	<input type="checkbox"/> No <input type="checkbox"/> French
First Name _____	Last Name _____		<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt # _____	Address _____	City _____	Prov _____	Postal Code _____
Email _____	Phone# _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation	<input type="checkbox"/> Was this money raised through a fundraising activity**	<input type="checkbox"/> No <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 1-888-939-3333 to speak with a Donor Care representative.

\$

TOTAL DONATIONS
(this form only)

** This money was raised through a fundraising activity (garage sale, bake sale, office fundraiser, etc.) not an individual donation.

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

CIBC BANK
STAMP HERE

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 amount of the deposit and enter it on this form
6. **DO NOT PROCESS PAYMENTS BY CREDIT CARD**
7. Return stamped form to participant