

## **2024 DONATION FORM**

PARTICIPANT INFORMATION (Please print clearly. *Required information)						Participant ID				
*First Name 📖				*La	st Name				]	
Suite/Apt	*Street			*Ci	ty	*Prov	⊔ *Postal Code ∟		]	
*Email L										
We collect your personal information through forms, by phone or in person to process your donation, issue a tax receipt, and contact you to provide updates about our impact and other ways to support us or give. We may share your personal information with third parties including payment processors, consultants and agency partners within or outside your province or territory or outside Canada to carry out the purposes identified above, or as required by law. We may contact you by mail, email, phone or text. You can exercise your right to access your information or have it corrected, unsubscribe from communications or withdraw your consent by calling 1-888-939-3333 or emailing connect@cancer.ca. For more information about our privacy practices, visit cancer.ca/privacy.										
TEAM INFORMATION (If applicable) Team I							eam 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.   • Donor's name and address must be complete and legible to receive a tax receipt.										
DONATION I	NFORMATION	<b>N</b> (Make cheques payable to <b>C</b>	anadian Cancer Society)				Donation Amount (\$)	Tax Rece Required	Language Preferenc	
First Name			Name					⊢≃		
Suite/Apt #	Address		City		Prov	Postal Code		Yes	English	
Email		Pho	ne#			Cash Cheque Don	m Was this money raised through a fundraising activ	ty** No	French	
First Name		Last	Name							
Suite/Apt #	Address		City		Prov	Postal Code		Yes	English	
Email		Pho	ne#			Cash Cheque Don	m Was this money raised through a fundraising activ	ty** No	French	
First Name		Last	Name							
Suite/Apt #	Address		City		Prov	Postal Code		Yes	English	
Email		Pho	ne#			Cash Cheque Don	m Was this money raised through a fundraising activ	ty** No	French	
First Name		Last	Name							
Suite/Apt #	Address		City		Prov	Postal Code		Yes	English	
Email		Pho	ne#			Cash Cheque Don	m Was this money raised through a fundraising activ	ty** No	French	
First Name		Last	Name							
Suite/Apt #	Address		City		Prov	Postal Code		Yes	English	
Email		Pho	ne#			Cash Cheque Don	m Was this money raised through a fundraising activ	ty** No	French	
If you wish to make a donation to the CIBC Run for the Cure using a credit card, please visit www.cibcrunforthecure.com or telephone 1-888-939-3333 to speak with a Donor Care representative.									L ATIONS rm 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.

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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 300, Toronto, ON 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

DTAL 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,
- 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

- Search Client screen
- \$