



# Relay For Life Donation Form

## 2021 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 Type  Corporate  Friends & Family

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, 2021 to receive a 2021 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					<input type="checkbox"/> No	<input type="checkbox"/> French
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**		
First Name	Last Name								<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code					<input type="checkbox"/> No	<input type="checkbox"/> French
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**		
First Name	Last Name								<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code					<input type="checkbox"/> No	<input type="checkbox"/> French
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**		
First Name	Last Name								<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code					<input type="checkbox"/> No	<input type="checkbox"/> French
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**		
First Name	Last Name								<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code					<input type="checkbox"/> No	<input type="checkbox"/> French
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**		

If you wish to make a donation to Relay For Life using a credit card, please visit [www.relayforlife.ca](http://www.relayforlife.ca) 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  
 PO Box 4037, Station D Montreal, QC H3C 0J7  
 (Please do not mail cash)

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. Make deposit in CBFE using Deposit under the Business Services option from the left navigation. DO NOT use the Client Banking, Search Client screen
3. Enter transit no. \_\_\_\_\_ and donation account
4. Verify account short name ends in PLEDGE
5. Verify amount of the deposit and enter it on this form
6. Return stamped form to participant