RELAY FOR LIFE Donation Form

2022 DONATION FORM

Baie-des-Chaleurs

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

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 August 31, 2022 to receive a 2022 tax receipt.

DONATION INFORMATION (Make cheques payable to **Canadian Cancer Society**)

First Name	Last Name				Donation Amount ($)	Tax Receipt Required	Language Preference
Suite/Apt # Address	City	Prov	Postal Code			☐ Yes ☐ No	☐ English ☐ French
Email	Phone#			☐ Cash ☐ Cheque ☐ Team Donation	☐ Was this money raised through a fundraising activity**		
First Name	Last Name					☐ Yes ☐ No	☐ English ☐ French
Suite/Apt # Address	City	Prov	Postal Code				
Email	Phone#			☐ Cash ☐ Cheque ☐ Team Donation	☐ Was this money raised through a fundraising activity**		
First Name	Last Name					☐ Yes ☐ No	☐ English ☐ French
Suite/Apt # Address	City	Prov	Postal Code				
Email	Phone#			☐ Cash ☐ Cheque ☐ Team Donation	☐ Was this money raised through a fundraising activity**		
First Name	Last Name					☐ Yes ☐ No	☐ English ☐ French
Suite/Apt # Address	City	Prov	Postal Code				
Email	Phone#			☐ Cash ☐ Cheque ☐ Team Donation	☐ Was this money raised through a fundraising activity**		
First Name	Last Name					☐ Yes ☐ No	☐ English ☐ French
Suite/Apt # Address	City	Prov	Postal Code				
Email	Phone#			☐ Cash ☐ Cheque ☐ Team Donation	☐ Was this money raised through a fundraising activity**		
First Name	Last Name					☐ Yes ☐ No	☐ English ☐ French
Suite/Apt # Address	City	Prov	Postal Code				
Email	Phone#			☐ Cash ☐ Cheque ☐ Team Donation	☐ 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 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. Before going to the Desjardins, fill out the personalized deposit slip for your Relay site.
2. Bring cash/cheque donations, completed deposit slip (2 copies) and this form to the bank.
3. Give a copy of the deposit slip to Desjardins representative at time of depsit. Do NOT leave this form at the bank. Request the proof of deposit from bank representative.
4. Make copies of all forms for your records.
5. Mail bank forms, deposit slip and proof of deposit to:

   Canadian Cancer Society
   Attn: Gift Processing Department
   PO Box 4037, Station D
   Montreal, QC H3V 0J7

   (Please do not mail cash)

CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS

1. Verify that cash/cheques received, total the deposit amount on deposit slip provided by participant.
2. From Bill payment, enter SPC107 on behalf of Canadian Cancer Society, Montreal Division.
3. Enter reference no. rBCha-
4. Complete the deposit and provide proof of deposit to the participant.

Charitable Registration No. 118829803 RR 0001

DEPOSIT INSTRUCTIONS

Instructions for participants making a deposit for Relay for Life at Desjardins

Before going to Desjardins, fill out the personalized deposit slip for your Relay site.
You will find the deposit slip on page 3 of this document.
You may also obtain an Excel version of the deposit slip by sending a request to relay@cancer.ca

You will need to make a copy of the completed form.

Bring to Desjardins:

Cash/cheque donations

2 copies of the completed deposit slip

Your participant or donation form.

A copy of the deposit slip will be given to the Desjardins representative upon deposit.
Ask the Desjardins representative to give you a proof of deposit.
The amount of the deposit must be identical to the amount on your form (Total donations)

Do not leave your forms at Desjardins.
Make copies of all forms, deposit slips and proofs of deposit issued by Desjardins for your records.

Send forms, slip(s) and proof(s) of deposit to (do not send cash by mail);

Canadian Cancer Society
Attn: Gift Processing
PO Box 4037, Station D
Montreal, QC H3C 0J7

2022 DESJARDINS DEPOSIT SLIP

Relay for life 2022 / Deposit Slip / Desjardins	
Participant Name :	
Participant ID :	
Team Name :	

Description of cheques *Write name of donor or fundraising activity (ie; John Stewart, garage sale)*	**Amount**
Cheques Net Amount	

Date	
Organization ID	**SPC107**
	rBCha-
Member name	
Canadian Cancer Society	

Qty		Cash	TOTAL
	x	$5	
	x	$10	
	x	$20	
	x	$50	
	x	$100	
	x	$0.01	
	x	$0.05	
	x	$0.10	
	x	$0.25	
	x	$1	
	x	$2	

Cash TOTAL	

Cheques	Cheques net amount
Number of cheques	

NET DEPOSIT Total of cheques and cash	

Signature of person depositing