

2024 DONATION FORM

PARTICIPANT INFORMATION (Please print clearly. *Required information) Participant ID

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

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 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, 2024 to receive a 2024 tax receipt.

DONATION INFORMATION (Make cheques payable to **Canadian Cancer Society**) Donation Amount (\$)

First Name	Last Name	City	Prov	Postal Code	Payment Method	Was this money raised through a fundraising activity**	Tax Receipt Required	Language Preference
Suite/Apt #	Address		City	Prov	Postal Code	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email	Phone#				<input type="checkbox"/> Was this money raised through a fundraising activity**		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name	City	Prov	Postal Code	<input type="checkbox"/> Was this money raised through a fundraising activity**		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
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First Name	Last Name	City	Prov	Postal Code	<input type="checkbox"/> Was this money raised through a fundraising activity**		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
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First Name	Last Name	City	Prov	Postal Code	<input type="checkbox"/> Was this money raised through a fundraising activity**		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French

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

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

4. Mail bank stamped forms to:

Canadian Cancer Society
 Attn: Gift Processing Department

(Please do not mail cash)

Charitable Registration No. 118829803 RR 0001

CIBC BANK
STAMP HERE

TOTAL DEPOSITED AT CIBC (this form only)

\$

CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS

- Forms are accepted year round
- Make deposit in CBEF using Deposit under the Business Services option from the left navigation. DO NOT use the Client Banking, Search Client screen
- Enter transit no. and donation account
- Verify amount of the deposit and enter it on this form
- Return stamped form to participant