# Canadian Cancer Society

### **RELAY FOR LIFE** Donation Form

2024 DON	NATION FO	RM						
PARTICIPAN	IT INFORMATIC	<b>DN</b> (Please print clearly. *Required information)	Participant ID					
*First Name ∟			*Last Name				]	
Suite/Apt 📖	*Street		*City		tal Code ∟			
We collect your pers parties including pay	sonal information through ment processors, consulta	forms, by phone or in person to process your donation, issue a tax receipt, and contat nts and agency partners within or outside your province or territory or outside Canad	t you to provide updates about our impact a to carry out the purposes identified abov	and other ways to support us or give. We ma e, or as required by law. We may contact you	y share your personal informatio by mail, email, phone or text. You	n with thi	ird	
, ,	your information or have in RMATION (If app	: corrected, unsubscribe from communications or withdraw your consent by calling 1- licable)	888-939-3333 or emailing connect@cance	r.ca. For more information about our privacy privacy for the second second second second second second second s				
Team Name		s will be issued for donations of \$20 or more. Less than \$20, must be recomplete and legible to receive a tax receipt. • Donations must be rec	equested.			Tax Receipt Required	rence	
DONATION	INFORMATION	(Make cheques payable to Canadian Cancer Society)			Donation Amount <sup>(\$)</sup>	Tax R Requi	Language Preference	
First Name Suite/Apt # Email	Address	Last Name City Phone#	Prov	Postal Code	Was this money raised through a fundraising activity**	Yes No	English French	
First Name Suite/Apt # Email	Address	Last Name City Phone#	Prov	Postal Code	Was this money raised through a fundraising activity**	Yes No	English French	
First Name Suite/Apt # Email	Address	Last Name City Phone#	Prov	Postal Code	Was this money raised	Yes No	English French	
First Name Suite/Apt #	Address	Last Name City	Prov	Postal Code	through a fundraising activity**	Yes	English	
Email		Phone#		Cash Cheque Team	Was this money raised through a fundraising activity**	No	French	

Suite/Apt #	Address	City	Prov	Postal Code		Yes	English
Email		Phone#		Cash Cheque Team Donation	Was this money raised through a fundraising activity**	No	French
First Name		Last Name					
Suite/Apt #	Address	City	Prov	Postal Code		Yes	English
Email		Phone#		Cash Cheque Team Donation	Was this money raised through a fundraising activity**	No	French
First Name		Last Name					
Suite/Apt #	Address	City	Prov	Postal Code		Yes	English
Email		Phone#		Cash Cheque Team Donation	Was this money raised through a fundraising activity**	No	French
If you wish to r	nake a donation to Relay For Life	using a credit card, please visit www.relayforlife.ca	or		\$	TOTAL DONA	

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.

\*\* 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 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

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.

4. Complete the deposit and provide proof of deposit to the participant.

(Please do not mail cash)

(this form only)



## **DEPOSIT INSTRUCTIONS**

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

There are 2 options to determine which deposit slip to use:

#### **OPTION A: If you have a personal account with Desjardins**

The personalized deposit slip for your Relay site can be found on page 3 of this document. This uses SPC, which means the funds will be deposited to your account then immediately transferred to CCS account.

#### **OPTION B: If you do not have a personal account with Desjardins**

Reach out to relay@cancer.ca with subject title: "Desjardins Deposit Slip Request", and you will be provided with a different deposit slip that allows you to deposit the funds directly into the CCS account.

Before going to Desjardins, fill out the deposit slip for your Relay site (obtained from either option above).

- a. List each individual cheque along with amount
- b. List total cash collected
- c. Add deposit date

#### 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 verify the amount being deposited and 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** 



### **2024 DESJARDINS DEPOSIT SLIP**

### Relay for life 2024 / Deposit Slip / Desjardins

Participant Name :

Participant ID :

Team Name :

Description of cheques	Amount	nt Date				
Write name of donor or fundraising activity (ie; John Stewart, garage sale)						
		Organization ID		SPC107		
		-				
		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		
					1	
		Cash TOTAL         Cheques       Cheques net amount         Number of cheques       Number of cheques         NET DEPOSIT       Total of cheques and cash				
					Cheques net amount	
		Signature of person depositing				
<u></u>						
Cheques Net Amount		1				