

RELAY FOR LIFE Donation Form

2024 DONATION					_		
PARTICIPANT INFO	ORMATION (Please print clearly.	*Required information)		Participant I	ID		
*First Name			」*Last Name				
Suite/Apt *St	treet		*City L	*Prov*Pos	stal Code L		
Email				*Phone			
parties including payment proc	essors, consultants and agency partners within	o process your donation, issue a tax receipt, and contact yo or outside your province or territory or outside Canada to ommunications or withdraw your consent by calling 1-888	carry out the purposes identified above	e, or as required by law. We may contact you	by mail, email, phone or text. Yo	u can exe	ird ercise
TEAM INFORMATI	ON (If applicable)			Team I	ID		
Team Type Co	rporate 🔲 Friends & Fam	ily					
Team Name			」 Team Captain's Nam	е			
		ons of \$20 or more. Less than \$20, must be requ eceive a tax receipt. • Donations must be receiv		ve a 2024 tax receipt.		sceipt red	age ence
DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)		to Canadian Cancer Society)		Donation Amount (\$)	Tax Recei Required	Language Preference	
First Name		Last Name				Ιп	Ιп
Suite/Apt # Addr	ress	City	Prov	Postal Code		Yes	Englis
Email		Phone#		Cash Cheque Team Donation	Was this money raised through a fundraising activity**	No	Frenc
First Name		Last Name					I_{\Box}
Suite/Apt # Addr	ress	City	Prov	Postal Code		Yes	Englis
Email		Phone#		Cash Cheque Team	Was this money raised through a fundraising activity**	No	Frenc
First Name		Last Name				П	I_{\Box}
Suite/Apt # Addr	ress	City	Prov	Postal Code		Yes	Englis
Email		Phone#		Cash Cheque Team	Was this money raised through a fundraising activity**	No	Frenc
First Name		Last Name				П	T
Suite/Apt # Addr	ress	City	Prov	Postal Code		Yes	Englis
Email		Phone#		Cash Cheque Team	Was this money raised through a fundraising activity**	No No	Frenc
First Name		Last Name				П	T
Suite/Apt # Addr	ress	City	Prov	Postal Code		Yes	Englis
Email		Phone#		Cash Cheque Team	Was this money raised through a fundraising activity**	No	Frenc
First Name		Last Name					T
Suite/Apt # Addr	ress	City	Prov	Postal Code		Yes	Englis
Email		Phone#		Cash Cheque Team	Was this money raised through a fundraising activity**	No No	Frenc
f you wish to make elephone 1-888-93	\$	TOTAL	MOITA				
•	•	ctivity (garage sale, bake sale, office	fundraiser, etc.) not an	individual donation.		(this for	m only)
WHAT TO DO WITH	YOUR FORMS & DONATIONS						
1. Before going to De	esjardins, fill out the personalized	deposit slip for your Relay site.		rms, deposit slip and proof of de ncer Society	posit to:		
2. Bring cash/cheque	donations, completed deposit sli	p (2 copies) and this form to the bank.		ocessing Department			
	deposit slip to Desjardins repres the bank. Request the proof of d	entative at time of depsit. Do NOT eposit from bank representative.					
4. Make copies of all	forms for your records.		(Please do no	ot mail cash)			
	E REPRESENTATIVE INSTRUCT	rious					

2. From Bill payment, enter SPC107 on behalf of Canadian Cancer Society, Montreal Division.
4. Complete the deposit and provide proof of deposit to the participant.

 $\textbf{1.} \ \ \text{Verify that cash/cheques received, total the deposit amount on deposit slip provided by participant.}$

3. Enter reference no.



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 Designins

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

Charitable Registration No. 118829803 RR 0001 1-888-939-3333 | CANCER.CA



2024 DESJARDINS DEPOSIT SLIP

Relay for li	fe 2024 / I	Deposit Slip /	Desjar	dins				
Participant Name :								
Participant ID :								
Team Name :								
Description of cheques Write name of donor or fundraising	Amount	Date						
activity (ie; John Stewart, garage sale)								
		Organization ID		9	SPC107			
		Member name						
		Canadian Cancer Society						
			anadian Cancer Coulety					
		Qty		Cash	TOTAL			
			×	\$5	7 5 77 12			
		1	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 Number of cheques			Cheques net amount			
		NET DEPOS	NET DEPOSIT					
		Total of cheques and cash						
		Signature of person depositing						
Cheques Net Amount		1						

Charitable Registration No. 118829803 RR 0001 1-888-939-333 CANCER.CA