

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 (\$)	Tax Receipt Required	Language Preference
First Name	Last Name					<input type="checkbox"/> Was this money raised through a fundraising activity**	<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					
First Name	Last Name					<input type="checkbox"/> Was this money raised through a fundraising activity**	<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					
First Name	Last Name					<input type="checkbox"/> Was this money raised through a fundraising activity**	<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					
First Name	Last Name					<input type="checkbox"/> Was this money raised through a fundraising activity**	<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					
First Name	Last Name					<input type="checkbox"/> Was this money raised through a fundraising activity**	<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					
First Name	Last Name					<input type="checkbox"/> Was this money raised through a fundraising activity**	<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					

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

- Before going to Desjardins, fill out the personalized deposit slip for your Relay site.
- Bring cash/cheque donations, completed deposit slip (2 copies) and this form to the bank.
- 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.
- 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

(Please do not mail cash)

CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS

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

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 <small>Write name of donor or fundraising activity (ie; John Stewart, garage sale)</small>	Amount	Date		
			Organization ID SPC107	
			Member name	
			Canadian Cancer Society	
			Qty	Cash
			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	
Cheques Net Amount				