

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

RELAY YOUR WAY DEPOSIT INSTRUCTIONS

WHAT TO DO WITH YOUR FORMS & DONATIONS IF NO CIBC NEARBY

- Verify that cash/cheques received total the deposit amount on the Relay form(s).
- Make copies of all form(s) for your record.
- Canadian Cancer Society does not encourage mailing cash. For cash donations, please deposit to fundraiser's bank account and write a cheque to **Canadian Cancer Society** for the same amount.
- Fold the cheques inside the donation forms before placing them in the mail.
- Mail the package to:
Canadian Cancer Society
 Attn: Gift Processing Department
 55 St. Clair Avenue West, Suite 300
 Toronto, ON M4V 2Y7