

2025 DONATION FORM

PARTICIPANT INFORMATION (Please print clearly. *Required information)

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

You understand and you have informed your donors that the Canadian Cancer Society collects 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 Youth
 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, 2025 to receive a 2025 tax receipt.

DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)

DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)						Donation Amount (\$)	Tax Receipt Required	Language Preference
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code				
Email	Phone#		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation					
Was this money raised through a fundraising activity**						<input type="checkbox"/>		
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code				
Email	Phone#		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation					
Was this money raised through a fundraising activity**						<input type="checkbox"/>		
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code				
Email	Phone#		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation					
Was this money raised through a fundraising activity**						<input type="checkbox"/>		
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code				
Email	Phone#		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation					
Was this money raised through a fundraising activity**						<input type="checkbox"/>		
First Name	Last Name						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt #	Address	City	Prov	Postal Code				
Email	Phone#		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation					
Was this money raised through a fundraising activity**						<input type="checkbox"/>		

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.
- Send your forms and proof of deposit to connect@cancer.ca

- If you are unable to send your forms to connect@cancer.ca, mail them to :
Canadian Cancer Society
 Attn: Finance

 (Please do not mail cash)

Charitable Registration No. 118829803 RR 0001

<div style="border: 1px solid black; padding: 10px; width: 100px; margin: 0 auto;"> <p style="font-size: 24px; color: #0070C0; margin: 0;">CIBC BANK STAMP HERE</p> </div>	<p>TOTAL DEPOSITED AT CIBC (this form only)</p> <p>_____</p> <p>\$ _____</p>	<h4 style="margin: 0;">CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS</h4> <ol style="list-style-type: none"> 1. Forms are accepted year round 2. Make deposit in CBFE using Deposit under the Business Services option from the left navigation. DO NOT use the Client Banking, Search Client screen 3. Enter transit no. _____ and donation account _____ 4. Verify amount of the deposit and enter it on this form 5. Return stamped form to participant
--	--	---