

# Mudmoiselle Donation Form



Canadian  
Cancer  
Society

# MUDMOISELLE

## PARTICIPANT INFORMATION (Please print clearly. \*Required information)

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

Suite/Apt # \_\_\_\_\_ \*Street \_\_\_\_\_ \*City \_\_\_\_\_ \*Prov \_\_\_\_\_ \*Postal Code \_\_\_\_\_

\*Email \_\_\_\_\_ \*Phone \_\_\_\_\_

Event Location \_\_\_\_\_

Team Name \_\_\_\_\_

Team Captain Name \_\_\_\_\_

## TAX RECEIPT INFORMATION

- Tax receipts will only be issued for gifts of \$20 or more, unless otherwise requested
- Donor's name and address must be complete and legible to receive a tax receipt
- Please do not include online donations on this form
- Items listed as fundraising activity are not eligible for a tax receipt

## DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)

	Donation Amount (\$)	Tax Receipt Required	Language preference
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms First Name/Company Name _____ Last Name _____ Year of Birth _____ Suite/Apt # _____ Address _____ City _____ Prov _____ Postal Code _____ Email _____ Phone # _____ Fundraising Activity** <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms First Name/Company Name _____ Last Name _____ Year of Birth _____ Suite/Apt # _____ Address _____ City _____ Prov _____ Postal Code _____ Email _____ Phone # _____ Fundraising Activity** <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms First Name/Company Name _____ Last Name _____ Year of Birth _____ Suite/Apt # _____ Address _____ City _____ Prov _____ Postal Code _____ Email _____ Phone # _____ Fundraising Activity** <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms First Name/Company Name _____ Last Name _____ Year of Birth _____ Suite/Apt # _____ Address _____ City _____ Prov _____ Postal Code _____ Email _____ Phone # _____ Fundraising Activity** <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms First Name/Company Name _____ Last Name _____ Year of Birth _____ Suite/Apt # _____ Address _____ City _____ Prov _____ Postal Code _____ Email _____ Phone # _____ Fundraising Activity** <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French

\*\* This money was raised through a fundraising activity (garage sale, bake sale, office fundraiser, etc.) not an individual donation.

\$ **TOTAL DONATIONS**  
(this form only)

**Privacy:** The Canadian Cancer Society is dependent upon the generous support of donors and volunteers to fulfill its mission. We collect your personal information in order to process your donation, issue a tax receipt, and provide updates about our impact and other ways to help. Your personal information will not be sold or traded with other organizations. For more information about our privacy practices, view our privacy policy at cancer.ca.

National Office, 55 St Clair Avenue West, Suite 500, Toronto, ON M4V 2Y7

Charitable Registration No. 11882 9803 RR0001 (Canada); 98-6001242 (USA)

### Office use only

Gift Batch ID: \_\_\_\_\_

Deposit ID: \_\_\_\_\_

**Thank you for your support!**