



Thank you! Your donation is important to us. Please consider donating online instead of on this event donation form. Online donations help us reduce administration costs and you receive an immediate tax receipt. Donate online at cancer.ca/supportCCS

I AM FUNDRAISING FOR:

- Cops for Cancer Daffodil Dash Relay For Life Slopes for Hope Other: _____
- I have organized my own event to support the Canadian Cancer Society, called: _____

EVENT PARTICIPANT INFORMATION: Please complete participant name on each donation form

Participant Name _____

Email _____ Phone # _____

Event Location _____

Team Name (if applicable) _____

RETURNING DONATION FORMS & MONEY:

- All funds raised must accompany the donation form(s)
- Do not hand in money without donation form(s)
- Donation form(s) must balance to funds received

DONATION INFORMATION: Donor's name and address must be complete and legible to receive a tax receipt. Required fields marked with an *	DONATION AMOUNT
<p>1. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr First Name * _____ Last Name * _____</p> <p>OR Organization Name _____</p> <p>Mailing Address * _____ City * _____ Prov * _____</p> <p>Postal Code * _____ Phone # _____ Email _____</p> <p><input type="checkbox"/> I am also interested in becoming a monthly donor to the Canadian Cancer Society – please contact me</p>	<p>\$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Cheque</p> <p><input type="checkbox"/> Under \$20 receipt requested</p>
<p>2. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr First Name * _____ Last Name * _____</p> <p>OR Organization Name _____</p> <p>Mailing Address * _____ City * _____ Prov * _____</p> <p>Postal Code * _____ Phone # _____ Email _____</p> <p><input type="checkbox"/> I am also interested in becoming a monthly donor to the Canadian Cancer Society – please contact me</p>	<p>\$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Cheque</p> <p><input type="checkbox"/> Under \$20 receipt requested</p>
<p>3. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr First Name * _____ Last Name * _____</p> <p>OR Organization Name _____</p> <p>Mailing Address * _____ City * _____ Prov * _____</p> <p>Postal Code * _____ Phone # _____ Email _____</p> <p><input type="checkbox"/> I am also interested in becoming a monthly donor to the Canadian Cancer Society – please contact me</p>	<p>\$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Cheque</p> <p><input type="checkbox"/> Under \$20 receipt requested</p>
<p>4. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr First Name * _____ Last Name * _____</p> <p>OR Organization Name _____</p> <p>Mailing Address * _____ City * _____ Prov * _____</p> <p>Postal Code * _____ Phone # _____ Email _____</p> <p><input type="checkbox"/> I am also interested in becoming a monthly donor to the Canadian Cancer Society – please contact me</p>	<p>\$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Cheque</p> <p><input type="checkbox"/> Under \$20 receipt requested</p>

TAX RECEIPT INFORMATION

- Help us keep our mailing costs down and put more donations to work in the fight against cancer. Only donations of \$20 will be automatically mailed a receipt
- Donor's name and address must be complete and legible to receive a tax receipt
- Charitable #118829803 RR0001 (Canada); 98-6001242 (USA)
- Please make cheques payable to Canadian Cancer Society

PRIVACY The Canadian Cancer Society (CCS) is committed to protecting your privacy and your personal information and complies with the Personal Information and Protection Act (PIPA). See information on cancer.ca. The information you provide will be used to issue a tax receipt and additionally may be used to keep you informed of CCS activities. If at any time you wish to be removed from any of these contacts, please let us know by calling Donor Services at 1-888-700-1131 or emailing donorservices@bc.cancer.ca. Privacy concerns can be addressed by calling 1-800-268-8874 x 2257 or emailing privacy@cancer.ca

TOTAL LINES 1 - 4

ADDITIONAL FUNDS
(Anonymous, do not include Gaming)
PLEASE SPECIFY

SHEET TOTAL

FOR CANADIAN CANCER SOCIETY USE:

BOX 1

Cash Amount Total _____ Verified

Cheque Amount Total _____ Verified

Total Donations Collected _____ Verified

CCS Person (Verified by: _____)

Information entered into Luminate _____ Initial _____

BOX 2 - MANDATORY

Code: _____ 40001 _____
dept rev activity office designation

Date Deposited: _____

Depositor's Name (Please print first & last name)

Deposit #: _____