

Event Name:

Event Date:

PARTICIPANT INFORMATION

Organizer First Name: _____ Organizer Last Name: _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Phone #: () _____ Email: _____
 Event Location : _____

DONOR INFORMATION (please print clearly; donor's name and address must be complete and legible for a tax receipt)

Please make cheques payable to "CANADIAN BREAST CANCER FOUNDATION"

							DONATION AMOUNT	
Name of Donor	Sample Donor		Email	sample@hello.ca		<input type="checkbox"/> Opt Out*	\$ Amount	
Address	1234 MAIN ST.		City	Prov.	ON	Postal Code		A1B2C3
Card Holder Name	Sample Donor		Expiry	01/15		CVV		1234
Card No.	1234 5678 9013 456		Signature	John Smith		Phone		(123) 456-7819 <input type="checkbox"/> credit <input type="checkbox"/> cash <input type="checkbox"/> cheque
							<input type="checkbox"/> Tax Receipt	
Name of Donor			Email			<input type="checkbox"/> Opt Out*		
Address			City	Prov.		Postal Code		
Card Holder Name			Expiry			CVV		
Card No.			Signature			Phone ()		<input type="checkbox"/> credit <input type="checkbox"/> cash <input type="checkbox"/> cheque
							<input type="checkbox"/> Tax Receipt	
Name of Donor			Email			<input type="checkbox"/> Opt Out*		
Address			City	Prov.		Postal Code		
Card Holder Name			Expiry			CVV		
Card No.			Signature			Phone ()		<input type="checkbox"/> credit <input type="checkbox"/> cash <input type="checkbox"/> cheque
							<input type="checkbox"/> Tax Receipt	
Name of Donor			Email			<input type="checkbox"/> Opt Out*		
Address			City	Prov.		Postal Code		
Card Holder Name			Expiry			CVV		
Card No.			Signature			Phone ()		<input type="checkbox"/> credit <input type="checkbox"/> cash <input type="checkbox"/> cheque
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Address			City	Prov.		Postal Code		
Card Holder Name			Expiry			CVV		
Card No.			Signature			Phone ()		<input type="checkbox"/> credit <input type="checkbox"/> cash <input type="checkbox"/> cheque
							<input type="checkbox"/> Tax Receipt	

Tax receipts will be issued for donations of \$20.00 or more. For donations of less than \$20.00, please indicate if a receipt is required on the pledge form.

DONATION TOTAL

*The Canadian Breast Cancer Foundation respects your privacy. It has always been our policy never to sell, trade or lend the information you give us. Information you provide will be used to process donations or registrations and keep you informed about our activities including events and opportunities to volunteer or to give. We offer numerous privacy options. If you wish to limit or opt-out of future contact, please contact us at 1.800.387.9816 or connect@cbcf.org.

Thank you for your Support!