



Donation Form

PARTICIPANT INFORMATION

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

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 CANCER SOCIETY"

DONATION
AMOUNT

Name of Donor <i>Sample Donor</i>	Email <i>sample@hello.ca</i>	<input type="checkbox"/> Opt Out*	
Address : <i>1234 MAIN ST.</i>	City <i>Toronto</i>	Prov. <i>ON</i>	Postal Code <i>A1B 2C3</i>
Card Holder Name <i>Sample Donor</i>	Expiry <i>01/15</i>	CVV <i>001</i>	
Card No. <i>1234 5678 9013 456</i>	Signature <i>John Smith</i>	Phone () <i>(123) 456-7819</i>	<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	Tel	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	Tel	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	Tel	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
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 Cancer Society 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 Toll-Free: 1-888-939-3333 Phone Number: 416-961-7223 or by email at privacy.officer@cancer.ca.

Thank you for your Support!
 Canadian Cancer Society, 500-55 St. Clair Avenue West, Toronto, ON, M4V 2Y7
www.cancer.ca
 Phone # 416-961-7223 / 1-888-939-3333 Fax # 416-961-4189
 Charitable Registration # 118829803 RR 0001