COOK FOR THE CURE™

Canadian Cancer Society | KitchenAid

Donor's Name

Mailing Address

City	**Province**	**Postal Code**
Phone (Home)	**Phone (Work)**	
Fax	**E-Mail**	

I would like to make a donation to the Canadian Cancer Society (CCS) for the amount of:

- □ $20
- □ $40
- □ $50
- □ $75
- □ $100
- □ Other $ _____

Payment Method:

- □ Money Order
- □ Cash
- □ Cheque *(Make payable to "Canadian Breast Cancer Foundation")*
- □ VISA
- □ MasterCard
- □ AMEX

Credit Card Payment Information:

Card Number **Expiry Date** **CVV** **(3-digit code located on back of card)**

Name on Card **Signature**

☐ **Tax receipt** **(Please check if you would like a mailed to the address provided above)**

I am giving permission for CCS to provide my personal contact information to the participant for follow-up and recognition purposes. If I do not check either box, the Foundation will be unable to do so.

☐ Yes ☐ No

Please make cheques payable to the CANADIAN CANCER SOCIETY. If you need more forms, please photocopy this one. Please remember that donor name and address must be complete and legible to enable an income tax receipt to be issued.

***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!