

## 2019 TEAM DONATION FORM

CALGARY

### TEAM INFORMATION

Team ID \_\_\_\_\_

Team Type  Corporate  Friends & Family  School Team  Women's  PSC  Team CIBC Bank Centre Transit/LOB

Team Name \_\_\_\_\_ Team Captain's Name \_\_\_\_\_

- TAX RECEIPT INFORMATION**
- Receipts will be issued for donations of \$20 or more. Less than \$20, must be requested.
  - Donor's name and address must be complete and legible to receive a tax receipt.
  - Donations must be received by December 31, 2019 to receive a 2019 tax receipt.

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

DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)						Donation Amount (\$)	Tax Receipt Required	Language Preference
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			Yes	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		No	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			Yes	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		No	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			Yes	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		No	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			Yes	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		No	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			Yes	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		No	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			Yes	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		No	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			Yes	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		No	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			Yes	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		No	French

If you wish to make a donation to the CIBC Run for the Cure using a credit card, please visit [www.cibcrunfortheure.com](http://www.cibcrunfortheure.com) or telephone 1-800-268-8874 to speak with a Donor Care representative.

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

### WHAT TO DO WITH YOUR FORMS & DONATIONS

Submit forms before or on Run day — Sunday, October 6, 2019

1. Bring cash/cheque donations and forms to a CIBC banking centre.
2. Get forms bank stamped by a CIBC teller.  
Keep forms — do not leave forms at CIBC.
3. Make copies of all forms for your records.

### 4. Submit forms at the following locations:

- T-shirt pick up location **OR** on Run day at your chosen site location
- Mail bank stamped forms to:  
**Canadian Cancer Society - Nova Scotia Division**  
Attn: Data Processing Department  
5826 South Street, Halifax, Nova Scotia B3H 1S6  
(please do not mail cash)

Charitable Registration No. 118829803 RR 0001

The CIBC logo is a registered trademark of CIBC.

## CIBC BANK STAMP HERE

TOTAL DEPOSITED AT CIBC (this form only)

\$ \_\_\_\_\_

### CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS

1. Forms are accepted year round
2. Ensure that this form is filled out with participant name and contact information
3. Make deposit using the Business Deposit option from the left navigation on the Search Client screen. DO NOT use the Customer Overview screen
4. Enter transit no. 112 and **donation account** 09-69109
5. Verify account short name ends in PLEDGE
6. Verify amount of the deposit and enter it on this form
7. **DO NOT PROCESS PAYMENTS BY CREDIT CARD**
8. Return form to participant

Cut here on Run day

## PAID STAMP HERE

TOTAL SUBMITTED (this form only)

\$ \_\_\_\_\_

### RUN DAY VOLUNTEER REPRESENTATIVE INSTRUCTIONS

1. Ensure that this form is filled out with participant and donors' name and contact information
2. Ensure total cash and cheques submitted matches form
3. At the bottom and top portion of the form, stamp with paid stamp (only if you've received cash or cheque donations from participant) and fill in total submitted for this form only
4. Tear off bottom portion of the form and give it to the participant (this will act as a receipt)
5. Be sure to hand the bottom portion from each submitted form, back to the participant