

# **RELAY FOR LIFE** Donation Form

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PARTICIPANT INFORMATION (Pleas	se print clearly. *Required information)		Participant	ID		
First Name	*	Last Name L				
Suite/Apt*Street	*	City L	*Prov*Po	stal Code L		
Email			*Phone LL			
parties including payment processors, consultants and agend	one or in person to process your donation, issue a tax receipt, and contact you to cy partners within or outside your province or territory or outside Canada to carr Insubscribe from communications or withdraw your consent by calling 1-888-935	y out the purposes identified above	e, or as required by law. We may contact you	by mail, email, phone or text. Yo	u can exe	ird ercise
TEAM INFORMATION (If applicable)			Team	ID		
Team Type Corporate Frie	ends & Family					
Team Name		Team Captain's Nam	e			
	sued for donations of \$20 or more. Less than \$20, must be request and legible to receive a tax receipt. • Donations must be received I		ve a 2024 tax receipt.	Donation	sceipt red	age ence
DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)					Tax Recei Required	Language Preference
First Name	Last Name				Ιп	Ιп
Suite/Apt # Address	City	Prov	Postal Code		Yes	Englis
Email	Phone#		Cash Cheque Donation	Was this money raised through a fundraising activity**	. No	Frenc
First Name	Last Name				П	$I_{\Box}$
Suite/Apt # Address	City	Prov	Postal Code		Yes	Englis
Email	Phone#		Cash Cheque Donation	Was this money raised through a fundraising activity**	No No	Frenci
First Name	Last Name				П	Ìп
Suite/Apt # Address	City	Prov	Postal Code		Yes	Englis
Email	Phone#		Cash Cheque Donation	Was this money raised through a fundraising activity**	, No	Frenc
First Name	Last Name				П	T
Suite/Apt # Address	City	Prov	Postal Code		Yes	Englis
Email	Phone#		Cash Cheque Donation	Was this money raised through a fundraising activity**	No.	Frenc
First Name	Last Name				П	$T_{T}$
Suite/Apt # Address	City	Prov	Postal Code		Yes	Englis
Email	Phone#		Cash Cheque Donation	Was this money raised through a fundraising activity**	No No	Frenc
First Name	Last Name				П	$T_{\Box}$
Suite/Apt # Address	City	Prov	Postal Code		Yes	Englis
Email	Phone#		Cash Cheque Team	Was this money raised through a fundraising activity**	No No	Frenc
f you wish to make a donation to Rela elephone 1-888-939-3333 to speak v	\$		ATIONS			
	ndraising activity (garage sale, bake sale, office fu	ndraiser, etc.) not an	individual donation.		(this for	rm only)
WHAT TO DO WITH YOUR FORMS & D	DONATIONS					
1. Before going to Desjardins, fill out the	personalized deposit slip for your Relay site.		rms, deposit slip and proof of de Incer Society	eposit to:		
2. Bring cash/cheque donations, complete	ed deposit slip (2 copies) and this form to the bank.		ocessing Department			
	ardins representative at time of depsit. Do NOT ue proof of deposit from bank representative.					
<b>4.</b> Make copies of all forms for your recor	rds.	(Please do n	ot mail cash)			
	E INSTRUCTIONS					

2. From Bill payment, enter SPC107 on behalf of Canadian Cancer Society, Montreal Division.
4. Complete the deposit and provide proof of deposit to the participant.

 $\textbf{1.} \ \ \text{Verify that cash/cheques received, total the deposit amount on deposit slip provided by participant.}$ 

3. Enter reference no.



### DEPOSIT INSTRUCTIONS

### Instructions for participants making a deposit for Relay for Life at Desjardins

There are 2 options to determine which deposit slip to use:

#### **OPTION A:** If you have a personal account with Designins

The personalized deposit slip for your Relay site can be found on page 3 of this document.

This uses SPC, which means the funds will be deposited to your account then immediately transferred to CCS account.

#### **OPTION B:** If you do not have a personal account with Desjardins

Reach out to relay@cancer.ca with subject title: "Desjardins Deposit Slip Request", and you will be provided with a different deposit slip that allows you to deposit the funds directly into the CCS account.

Before going to Desjardins, fill out the deposit slip for your Relay site (obtained from either option above).

- a. List each individual cheque along with amount
- b. List total cash collected
- c. Add deposit date

You will need to make a copy of the completed form.

#### **Bring to Desjardins:**

Cash/cheque donations

2 copies of the completed deposit slip

Your participant or donation form.

A copy of the deposit slip will be given to the Desjardins representative upon deposit.

Ask the Desjardins representative to verify the amount being deposited and to give you a proof of deposit.

The amount of the deposit must be identical to the amount on your form (Total donations)

#### Do not leave your forms at Desjardins.

Make copies of all forms, deposit slips and proofs of deposit issued by Desjardins for your records.

Send forms, slip(s) and proof(s) of deposit to (do not send cash by mail);

**Canadian Cancer Society** 

Charitable Registration No. 118829803 RR 0001 1-888-939-3333 | CANCER.CA



## **2024 DESJARDINS DEPOSIT SLIP**

Relay for li	fe 2024 / I	Deposit Slip /	Desjar	dins				
Participant Name :								
Participant ID :								
Team Name :								
<b>Description of cheques</b> Write name of donor or fundraising	Amount	Date						
activity (ie; John Stewart, garage sale)								
		Organization ID		SPC107				
		Member name						
		Canadian Cancer Society						
			and direct coolety					
		Qty		Cash	TOTAL			
			×	\$5	7 5 77 12			
		1	x	\$10				
			X	\$20				
			X	\$50				
			X	\$100				
			x	\$0.01				
			X	\$0.05				
			X	\$0.10				
		-	x	\$0.25				
			x	\$1				
			X	\$2				
				*-				
		Cash TOTAL						
		<b>Cheques</b> Cheque		Cheques net amount				
		Number of cheques						
		NET DEPOSIT						
		Total of cheques and cash						
		Signature of person depositing						
Cheques Net Amount		1						

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