

RELAY FOR LIFE Donation Form

| 2024 DON | ATION FORM | | | | | | | |
|---|------------------------------------|---------------------------------|---|---|--|--|-------------------------|------------------------|
| PARTICIPANT INFORMATION (Please print clearly. *Required information) | | | | Participant ID | | | | |
| *First Name | | | | 」*Last Name | | | | |
| Suite/Apt *Street | | | | *City*Prov*Postal Code | | | | |
| *Email ∟ | | | | | ⊥*Phone ∟⊥⊥⊥ | | | |
| We collect your persor parties including payme | ent processors, consultants and ag | ency partners within or outside | your donation, issue a tax receipt, and contact yo be your province or territory or outside Canada to titions or withdraw your consent by calling 1-888 | carry out the purposes identified above | t and other ways to support us or give. We r | may share your personal informatio ou by mail, email, phone or text. Yo | u can exe | |
| TEAM INFORI | MATION (If applicable) | | | | Team | n ID | | |
| Team Type | Corporate Fr | iends & Family | | | | | | |
| Team Name∟ | | , | | Team Cantain's Nam | ne L | | | |
| TAX RECEIPT INFO | RMATION • Receipts will be | | 20 or more. Less than \$20, must be requ tax receipt. • Donations must be receiv | ested. | | | ceipt ed | age |
| DONATION IN | NFORMATION (Make | cheques payable to Cana | adian Cancer Society) | | | Donation Amount (\$) | Tax Receipt Required | Language Preference |
| First Name | | Last Nan | ne | | | | Ιп | Ιп |
| Suite/Apt # | Address | City | | Prov | Postal Code | | Yes | English |
| Email | | Phone# | | | Cash Cheque Team | Was this money raised through a fundraising activity** | No | French |
| First Name | | Last Nan | ne | | | | П | |
| Suite/Apt # | Address | City | | Prov | Postal Code | | Yes | English |
| Email | | Phone# | | | Cash Cheque Team | Was this money raised through a fundraising activity** | No | French |
| First Name | | Last Nan | ne | | | | I_{\Box} | I_{\Box} |
| Suite/Apt # | Address | City | | Prov | Postal Code | | Yes | English |
| Email | | Phone# | | | Cash Cheque Team | Was this money raised through a fundraising activity** | No | French |
| First Name | | Last Nan | ne | | | | П | П |
| Suite/Apt # | Address | City | | Prov | Postal Code | | Yes | English |
| Email | | Phone# | | | Cash Cheque Team | Was this money raised through a fundraising activity** | No No | French |
| First Name | | Last Nan | ne | | | | | П |
| Suite/Apt # | Address | City | | Prov | Postal Code | | Yes | English |
| Email | | Phone# | | | Cash Cheque Team | Was this money raised through a fundraising activity** | No | French |
| First Name | | Last Nan | ne | | | unough a fundaising activity | | \vdash_{\sqcap} |
| Suite/Apt # | Address | City | | Prov | Postal Code | | Yes | English |
| Email | | Phone# | | | Cash Cheque Team | Was this money raised through a fundraising activity** | No | French |
| If you wish to make a donation to Relay For Life using a credit card, please visit www.relayforlife.ca or telephone 1-888-939-3333 to speak with a Donor Care representative. | | | | | | \$ | TOTAL | |
| • | • | | (garage sale, bake sale, office | fundraiser, etc.) not an | individual donation. | | (this for | m only) |
| WHAT TO DO | WITH YOUR FORMS & | DONATIONS | | 4. Mail bank s | tamped forms to: | | | |
| 1. Bring cash/cheque donations and forms to a CIBC banking centre. | | | | Canadian C | ancer Society | | | |
| 2. Get forms bank stamped by a CIBC teller. Keep forms — do not leave forms at CIBC. | | | | Attn: Gift P | rocessing Department | | | |
| 3. Make copies | of all forms for your rec | ords. | | | | | | |
| | | | | (Please do r | not mail cash) | | | |
| Charitable Registration | No. 118829803 RR 0001 | | | | | | | |
| | | TOTAL DEPOSITED | CIBC CUSTOMER SERVICE RE | EPRESENTATIVE INSTRU | CTIONS | | | |
| | | AT CIBC | Forms are accepted year round | | 3. Enter transit no. | and donation account | | |

2. Make deposit in CBFE using Deposit under the Business Services

Search Client screen

option from the left navigation. DO NOT use the Client Banking,

4. Verify amount of the deposit and enter it on this form

5. Return stamped form to participant

(this form only)