



PARTICIPANT INFORMATION (Please print clearly. *Required information) Participant ID

*Email _____ *Phone _____

TEAM INFORMATION (If applicable)	Team ID
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Team Name _____ Team Captain's Name _____

DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)					Donation Amount (\$)	Tax R. Requir.	Language Prefer.
First Name		Last Name			<input type="checkbox"/> Was this money raised through a fundraising activity**	<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code		<input type="checkbox"/> No	<input type="checkbox"/> French
Email	Phone#			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation			
First Name		Last Name			<input type="checkbox"/> Was this money raised through a fundraising activity**	<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code		<input type="checkbox"/> No	<input type="checkbox"/> French
Email	Phone#			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation			
First Name		Last Name			<input type="checkbox"/> Was this money raised through a fundraising activity**	<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code		<input type="checkbox"/> No	<input type="checkbox"/> French
Email	Phone#			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation			
First Name		Last Name			<input type="checkbox"/> Was this money raised through a fundraising activity**	<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code		<input type="checkbox"/> No	<input type="checkbox"/> French
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Email	Phone#			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation			
First Name		Last Name			<input type="checkbox"/> Was this money raised through a fundraising activity**	<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code		<input type="checkbox"/> No	<input type="checkbox"/> French
Email	Phone#			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Team Donation			

\$	TOTAL DONATIONS (this form only)
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** This money was raised through a fundraising activity (garage sale, bake sale, office fundraiser, etc.) not an individual donation.

4. Mail bank stamped forms to:

- Canadian Cancer Society**
Attn: Gift Processing Department

(Please do not mail cash)

<div>CIBC BANK STAMP HERE</div>	<div>TOTAL DEPOSITED AT CIBC (this form only)</div>	<div>CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS</div>	
	<div> <div></div> <div>\$</div> </div>	<div> <div>1. Forms are accepted year round</div> <div>2. Make deposit in CBFE using Deposit under the Business Services option from the left navigation. DO NOT use the Client Banking, Search Client screen</div> </div>	<div> <div>3. Enter transit no. and donation account</div> <div>4. Verify amount of the deposit and enter it on this form</div> <div>5. Return stamped form to participant</div> </div>