

**CANADIAN CANCER SOCIETY**  
**BARK FOR LIFE**  
**A CANINE EVENT TO FIGHT CANCER**

May 11, 2013  
 10:00 a.m.  
 Plunkett Estate, 9282 Elviage Dr, London  
 cancer.ca/barkforlifelondon



Last Name:		First Name:	
Address:		City:	
Province:	Postal Code:	Phone #: ( )	
Email:			

**PLEASE PRINT CLEARLY. Please note if you do not want to use a credit card on this form, online donation options are available – please speak to the participant or visit [www.cancer.ca/barktoronto](http://www.cancer.ca/barktoronto).**

						Cash/ Cheque	Credit Card	Receipt Required
NAME OF DONOR: <b>Jane Public</b>		TEL.: <b>(415) 555-1234</b>		EMAIL: <b><a href="mailto:jpublic@hotmail.com">jpublic@hotmail.com</a></b>				
ADDRESS: <b>1234 Any Street</b>		CITY: <b>Toronto</b>		PROV.: <b>ON</b>		POSTAL CODE: <b>A1B2C3</b>		
CARD NO. <b>123456789012345</b>	EXPIRY: <b>01/12</b>	NAME ON CARD: <b>Jane Public</b>		X _____			\$20	√
1	NAME OF DONOR:	TEL.:	EMAIL:					
	ADDRESS:	CITY:	PROV.:	POSTAL CODE:				
	CARD NO.	EXPIRY:	NAME ON CARD:	X _____				
2	NAME OF DONOR:	TEL.:	EMAIL:					
	ADDRESS:	CITY:	PROV.:	POSTAL CODE:				
	CARD NO.	EXPIRY:	NAME ON CARD:	X _____				
3	NAME OF DONOR:	TEL.:	EMAIL:					
	ADDRESS:	CITY:	PROV.:	POSTAL CODE:				
	CARD NO.	EXPIRY:	NAME ON CARD:	X _____				
4	NAME OF DONOR:	TEL.:	EMAIL:					
	ADDRESS:	CITY:	PROV.:	POSTAL CODE:				
	CARD NO.	EXPIRY:	NAME ON CARD:	X _____				
5	NAME OF DONOR:	TEL.:	EMAIL:					
	ADDRESS:	CITY:	PROV.:	POSTAL CODE:				
	CARD NO.	EXPIRY:	NAME ON CARD:	X _____				
6	NAME OF DONOR:	TEL.:	EMAIL:					
	ADDRESS:	CITY:	PROV.:	POSTAL CODE:				
	CARD NO.	EXPIRY:	NAME ON CARD:	X _____				
7	NAME OF DONOR:	TEL.:	EMAIL:					
	ADDRESS:	CITY:	PROV.:	POSTAL CODE:				
	CARD NO.	EXPIRY:	NAME ON CARD:	X _____				
8	NAME OF DONOR:	TEL.:	EMAIL:					
	ADDRESS:	CITY:	PROV.:	POSTAL CODE:				
	CARD NO.	EXPIRY:	NAME ON CARD:	X _____				
9	NAME OF DONOR:	TEL.:	EMAIL:					
	ADDRESS:	CITY:	PROV.:	POSTAL CODE:				
	CARD NO.	EXPIRY:	NAME ON CARD:	X _____				
<b>TOTAL CASH/CHEQ</b>		<b>\$</b>	<b>TOTAL CREDIT CARD</b>		<b>\$</b>	<b>TOTAL DONATIONS</b>		<b>\$</b>

Please make cheques payable to the **CANADIAN CANCER SOCIETY**. If you need more forms, please photocopy this one. Receipts will automatically be issued for donations of \$20.00 or more. For donations of less than \$20.00, please indicate in the right hand column if a receipt is required. Donor's name and address must be complete and legible.

We respect your privacy. The Society collects personal information in order to process your donation and to issue a tax receipt. We may also contact you from time to time with information about other ways you can help us in our fight against cancer. If you prefer not to receive this kind of communication from us or for more information about our privacy practices: [www.cancer.ca](http://www.cancer.ca) 1 800 268-8874, ext. 2257 or email: [privacy@ontario.cancer.ca](mailto:privacy@ontario.cancer.ca).

Canadian Cancer Society  
 Bark For Life  
 123 St George St  
 London, ON N6A 3A1

**Thank you for your support!**

(519) 432-1137  
[www.cancer.ca](http://www.cancer.ca)  
 Charitable Registration #  
 11882 9803 RR0006