

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

Sunday May 4th
 9:30am-11:00am
 Campbellford Fairgrounds



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.

						Cash/ Cheque	Credit Card	Receipt Required
NAME OF DONOR: Jane Public		TEL.: (415) 555-1234		EMAIL: jpublic@hotmail.com				
ADDRESS: 1234 Any Street		CITY: Toronto		PROV.: ON		POSTAL CODE: A1B2C3		
CARD NO. 123456789012345	EXPIRY: 01/12	NAME ON CARD: Jane Public		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 _____				
TOTAL CASH/CHEQ		\$	TOTAL CREDIT CARD		\$	TOTAL DONATIONS		\$

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 1 800 268-8874, ext. 2257 or email: privacy@ontario.cancer.ca.