



PARTICIPANT INFORMATION (Please print clearly, *Required information)

Participant ID _____

*First Name _____
 *Suite/Apt _____ *Street _____
 *Email _____

*Last Name _____
 *City _____ *Prov _____ *Postal Code _____
 *Phone _____

TEAM INFORMATION (If applicable)

Team ID _____

Team Type Corporate Friends & Family School Team Women's PSC Team CIBC Branch Transit/LOB

Team Name _____ Team Captain's Name _____

TAX RECEIPT INFORMATION • Receipts will be issued for donations of \$20 or more. Less than \$20, must be requested
 • Donor's name and address must be complete and legible to receive a tax receipt
 • Donations must be received by December 31, 2016 to receive a 2016 tax receipt

DONATION INFORMATION (Make cheques payable to **Canadian Breast Cancer Foundation**)

Donation Amount (\$) _____

First Name	Last Name	City	Prov	Postal Code	Card #	Expiry	Cardholder Name	Phone#	Cash	Cheque	Credit Card	CBCF communications Opt In (Yes/No)	Tax Receipt Required	Language Preference
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code	Card #	Expiry	Cardholder Name	Phone#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	Yes	English
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	No	French
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code	Card #	Expiry	Cardholder Name	Phone#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	Yes	English
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	No	French
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code	Card #	Expiry	Cardholder Name	Phone#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	Yes	English
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	No	French
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code	Card #	Expiry	Cardholder Name	Phone#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	Yes	English
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	No	French
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code	Card #	Expiry	Cardholder Name	Phone#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	Yes	English
_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	No	French

Charge \$ _____ to my credit card.

Card # _____ Expiry _____

Cardholder Name _____ Signature _____

\$ **TOTAL DONATIONS**
(this form only)

WHAT TO DO WITH YOUR FORMS & DONATIONS

Submitting Forms Before Or On Run day — Sunday October 2, 2016

1. Take cash/cheque donations and forms to any CIBC branch location (do not leave forms at CIBC)
2. Get forms bank stamped by a CIBC teller. Keep forms
3. Make copies of all forms for your records

4. You can submit forms at:

- T-shirt pick up location OR
- On Run day at your chosen site location OR
- Mail bank stamped forms to:
 Canadian Breast Cancer Foundation
 240-230 Brownlow Ave, Dartmouth, NS B3B 0G5 (Please do not mail cash)



(f) Canadian Breast Cancer Foundation, Run for the Cure and pink ribbon ellipse are trademarks of Canadian Breast Cancer Foundation.

* I withdraw my consent for Canadian Breast Cancer Foundation to use my information for anything other than processing my donation.

CIBC BANK STAMP HERE

TOTAL DEPOSIT AT CIBC (this form only)

\$ _____

CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS

1. Forms are accepted year round
2. Ensure that this form is filled out with participant name and contact information
3. Make deposit using the Business Deposit option from the left navigation on the Search Client screen. DO NOT use the Customer Overview screen
4. Enter transit no. 112 and **donation account** 09-74307
5. Verify account short name ends in PLEDGE
6. Verify amount of the deposit and enter it on this form
7. **DO NOT PROCESS PAYMENTS BY CREDIT CARD**
8. Return form to participant

Cut here on Run day

PAID STAMP HERE

TOTAL SUBMITTED (this form only)

\$ _____

RUN DAY VOLUNTEER REPRESENTATIVE INSTRUCTIONS

1. Ensure that this form is filled out with participant and donors' name and contact information
2. Ensure total cash and cheques submitted matches form
3. At the bottom and top portion of the form, stamp with Paid Stamp (only if you've received cash or cheque donations from participant) and fill in total submitted for that form only
4. Tear off bottom portion of the form and give it to the participant (this will act as a receipt)
5. Be sure to hand the bottom portion from each submitted form, back to the participant