# CIBC RUN FOR THE CURE

Canadian Cancer Society

## 2017 DONATION FORM

## OTTAWA-GATINEAU

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

*First Name _____ *Last Name _____

Suite/Apt ____ *Street _____ *City _____ *Prov ____ *Postal Code _____

*Email _____ *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, 2017 to receive a 2017 tax receipt.

**DONATION INFORMATION** (Make cheques payable to **Canadian Cancer Society**)

| First Name / Last Name / Address / City / Prov / Postal Code / Card # / Expiry / Cardholder Name / Email / Phone# / Cash Cheque Credit Card | Donation Amount ($) | CCS communications Opt In (Yes/No**) | Tax Receipt Required | Language Preference |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ English ☐ French |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ English ☐ French |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ English ☐ French |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ English ☐ French |
| | | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ English ☐ French |

☐ **Charge $_____ to my credit card.** Card # Expiry ___/___

Cardholder Name _____ Signature _____

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

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

**WHAT TO DO WITH YOUR FORMS & DONATIONS**

Submit forms before or on Run day — **Sunday, October 1, 2017**

1. Bring cash/cheque donations and forms to a CIBC banking centre.
2. Get forms bank stamped by a CIBC teller.
   Keep forms — do not leave forms at CIBC.
3. Make copies of all forms for your records.
4. Submit forms at the following locations:
   - T-shirt pick up location **OR** on Run day at your chosen site location
   - Mail bank stamped forms to:
     **Canadian Cancer Society - Nova Scotia Division**
     Attn: Data Processing Department
     5826 South Street, Halifax, Nova Scotia B3H 1S6
     (please do not mail cash)

Charitable Registration No. 118829803 RR 0001

The CIBC logo is a registered trademark of CIBC.

CIBC BANK STAMP HERE

TOTAL DEPOSITED 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