

## 2018 DONATION FORM

## THE BLUE MOUNTAINS/ COLLINGWOOD

**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 Banking Centre  
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, 2018 to receive a 2018 tax receipt.

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

Donation Information	Donation Amount (\$)	Tax Receipt Required	Language Preference																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name</td> <td style="width: 50%;">Last Name</td> </tr> <tr> <td>Suite/Apt #</td> <td>Address</td> </tr> <tr> <td>City</td> <td>Prov</td> </tr> <tr> <td>Postal Code</td> <td></td> </tr> <tr> <td>Card #</td> <td>Expiry</td> </tr> <tr> <td>Cardholder Name</td> <td></td> </tr> <tr> <td>Email</td> <td>Phone#</td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card                 </td> </tr> </table>	First Name	Last Name	Suite/Apt #	Address	City	Prov	Postal Code		Card #	Expiry	Cardholder Name		Email	Phone#	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name																		
Suite/Apt #	Address																		
City	Prov																		
Postal Code																			
Card #	Expiry																		
Cardholder Name																			
Email	Phone#																		
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name</td> <td style="width: 50%;">Last Name</td> </tr> <tr> <td>Suite/Apt #</td> <td>Address</td> </tr> <tr> <td>City</td> <td>Prov</td> </tr> <tr> <td>Postal Code</td> <td></td> </tr> <tr> <td>Card #</td> <td>Expiry</td> </tr> <tr> <td>Cardholder Name</td> <td></td> </tr> <tr> <td>Email</td> <td>Phone#</td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card                 </td> </tr> </table>	First Name	Last Name	Suite/Apt #	Address	City	Prov	Postal Code		Card #	Expiry	Cardholder Name		Email	Phone#	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name																		
Suite/Apt #	Address																		
City	Prov																		
Postal Code																			
Card #	Expiry																		
Cardholder Name																			
Email	Phone#																		
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name</td> <td style="width: 50%;">Last Name</td> </tr> <tr> <td>Suite/Apt #</td> <td>Address</td> </tr> <tr> <td>City</td> <td>Prov</td> </tr> <tr> <td>Postal Code</td> <td></td> </tr> <tr> <td>Card #</td> <td>Expiry</td> </tr> <tr> <td>Cardholder Name</td> <td></td> </tr> <tr> <td>Email</td> <td>Phone#</td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card                 </td> </tr> </table>	First Name	Last Name	Suite/Apt #	Address	City	Prov	Postal Code		Card #	Expiry	Cardholder Name		Email	Phone#	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name																		
Suite/Apt #	Address																		
City	Prov																		
Postal Code																			
Card #	Expiry																		
Cardholder Name																			
Email	Phone#																		
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name</td> <td style="width: 50%;">Last Name</td> </tr> <tr> <td>Suite/Apt #</td> <td>Address</td> </tr> <tr> <td>City</td> <td>Prov</td> </tr> <tr> <td>Postal Code</td> <td></td> </tr> <tr> <td>Card #</td> <td>Expiry</td> </tr> <tr> <td>Cardholder Name</td> <td></td> </tr> <tr> <td>Email</td> <td>Phone#</td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card                 </td> </tr> </table>	First Name	Last Name	Suite/Apt #	Address	City	Prov	Postal Code		Card #	Expiry	Cardholder Name		Email	Phone#	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name																		
Suite/Apt #	Address																		
City	Prov																		
Postal Code																			
Card #	Expiry																		
Cardholder Name																			
Email	Phone#																		
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name</td> <td style="width: 50%;">Last Name</td> </tr> <tr> <td>Suite/Apt #</td> <td>Address</td> </tr> <tr> <td>City</td> <td>Prov</td> </tr> <tr> <td>Postal Code</td> <td></td> </tr> <tr> <td>Card #</td> <td>Expiry</td> </tr> <tr> <td>Cardholder Name</td> <td></td> </tr> <tr> <td>Email</td> <td>Phone#</td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card                 </td> </tr> </table>	First Name	Last Name	Suite/Apt #	Address	City	Prov	Postal Code		Card #	Expiry	Cardholder Name		Email	Phone#	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
First Name	Last Name																		
Suite/Apt #	Address																		
City	Prov																		
Postal Code																			
Card #	Expiry																		
Cardholder Name																			
Email	Phone#																		
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card																			

Charge \$  to my credit card. Card #  Expiry  /

Cardholder Name  Signature

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

**WHAT TO DO WITH YOUR FORMS & DONATIONS**  
 Submit forms before or on Run day — **Sunday, September 30, 2018**

- Bring cash/cheque donations and forms to a CIBC banking centre.
- Get forms bank stamped by a CIBC teller.  
Keep forms — do not leave forms at CIBC.
- 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**

- Forms are accepted year round
- Ensure that this form is filled out with participant name and contact information
- Make deposit using the Business Deposit option from the left navigation on the Search Client screen. DO NOT use the Customer Overview screen
- Enter transit no. 112 and **donation account 09-71901**
- Verify account short name ends in PLEDGE
- Verify amount of the deposit and enter it on this form
- DO NOT PROCESS PAYMENTS BY CREDIT CARD**
- Return form to participant

### PAID STAMP HERE

TOTAL SUBMITTED (this form only)

\$

**RUN DAY VOLUNTEER REPRESENTATIVE INSTRUCTIONS**

- Ensure that this form is filled out with participant and donors' name and contact information
- Ensure total cash and cheques submitted matches form
- 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
- Tear off bottom portion of the form and give it to the participant (this will act as a receipt)
- Be sure to hand the bottom portion from each submitted form, back to the participant

..... Cut here on Run day .....