CIBC RUN FOR THE CURE

Canadian Cancer Society

2018 TEAM DONATION FORM

SIMCOE

TEAM INFORMATION

Team ID

Team Type ☐ Corporate ☐ Friends & Family ☐ School Team ☐ Women's ☐ PSC ☐ Team CIBC Bank 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**)

First Name	Last Name					Donation Amount ($)	Tax Receipt Required	Language Preference
Suite/Apt # Address	City		Prov	Postal Code			☐ Yes ☐ No	☐ English ☐ French
Card #	Expiry	Cardholder Name		x _____				
Email	Phone#			☐ Cash ☐ Cheque ☐ Credit Card				
First Name	**Last Name**						☐ Yes ☐ No	☐ English ☐ French
Suite/Apt # Address	City		Prov	Postal Code				
Card #	Expiry	Cardholder Name		x _____				
Email	Phone#			☐ Cash ☐ Cheque ☐ Credit Card				
First Name	**Last Name**						☐ Yes ☐ No	☐ English ☐ French
Suite/Apt # Address	City		Prov	Postal Code				
Card #	Expiry	Cardholder Name		x _____				
Email	Phone#			☐ Cash ☐ Cheque ☐ Credit Card				
First Name	**Last Name**						☐ Yes ☐ No	☐ English ☐ French
Suite/Apt # Address	City		Prov	Postal Code				
Card #	Expiry	Cardholder Name		x _____				
Email	Phone#			☐ Cash ☐ Cheque ☐ Credit Card				
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Suite/Apt # Address	City		Prov	Postal Code				
Card #	Expiry	Cardholder Name		x _____				
Email	Phone#			☐ Cash ☐ Cheque ☐ 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**

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** 09-75109
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