

PARTICIPANT INFORMATION (Please print clearly. *Required information)

*First Name *Last Name

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

*Email *Phone

Event Name

Organizer Name

TAX RECEIPT INFORMATION

• Tax receipts will only be issued for gifts of \$20 or more, unless otherwise requested

• Donor's name and address must be complete and legible to receive a tax receipt

• Please do not include online pledges on this form

DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)						Donation Amount (\$)	Tax Receipt Required	Language Preference
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms	First Name/Company Name		Last Name				<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> No	<input type="checkbox"/> French
Card #	Expiry	Cardholder Name	x <input type="text"/>					
Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card						
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms	First Name/Company Name		Last Name				<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> No	<input type="checkbox"/> French
Card #	Expiry	Cardholder Name	x <input type="text"/>					
Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card						
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms	First Name/Company Name		Last Name				<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> No	<input type="checkbox"/> French
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Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card						
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms	First Name/Company Name		Last Name				<input type="checkbox"/> Yes	<input type="checkbox"/> English
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Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card						
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Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card						
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Ms	First Name/Company Name		Last Name				<input type="checkbox"/> Yes	<input type="checkbox"/> English
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/> No	<input type="checkbox"/> French
Card #	Expiry	Cardholder Name	x <input type="text"/>					
Email	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card						
						\$	TOTAL DONATIONS (this form only)	

PARTICIPANT PERMISSION AND RELEASE AGREEMENT

By participating in a Canadian Cancer Society (CCS) event: I grant permission to CCS to photograph and videotape me in the course of my participation in the event, and to use my name and any photographs and videotapes of me for CCS purposes in any media and territory in perpetuity. I waive and release any and all claims for myself, my heirs, executors and administrators against the CCS, its agents, employees and licensees and any sponsors, officials, volunteers and organizers of the event in conjunction with any injury, illness, or death, or loss or damage to property, which may directly or indirectly result from my participation in this event, and any claim arising in connection with the use of my name or any photographs or videotapes of me. I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to participate in the event and contribute to the activities of CCS. I warrant that I am fit to participate in this event. If a participant is under 18 years of age then a parent/guardian must sign this agreement on the participant's behalf.

Name of Participant: Signature: Date:

Privacy: The Canadian Cancer Society is dependent upon the generous support of donors and volunteers to fulfill its mission. We collect your personal information in order to process your donation, issue a tax receipt, and provide updates about our impact and other ways to help. Your personal information will not be sold or traded with other organizations. For more information about our privacy practices, view our privacy policy at cancer.ca.

National Office, 55 St Clair Avenue West, Suite 500, Toronto, ON M4V 2Y7

Charitable Registration No. 11882 9803 RR0001 (Canada); 98-6001242 (USA)

Office use only

Gift Batch ID:

Deposit ID: