

Independent Fundraising Event Donation Form

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

- 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.
- Please do not include online pledges on this form

DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)

DONATION INFORMATION <small>(Make cheques payable to Canadian Cancer Society)</small>						Donation Amount (\$)	Tax Receipt Required	Language Preference
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/>	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/>	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/>	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/>	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/>	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/>	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/>	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/>	French
First Name	Last Name						<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code			<input type="checkbox"/>	English
Email	Phone#				<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		<input type="checkbox"/>	French

If you wish to make a donation to the Canadian Cancer Society using a credit card, please visit cancer.ca or telephone 1-888-939-3333 to speak with a Donor Care representative.

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

PARTICIPANT PERMISSION & 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 _____

OFFICE USE ONLY

Gift Batch ID:

Deposit ID:

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.

THANK YOU FOR YOUR SUPPORT!