



PARTICIPANT INFORMATION (Please print clearly. *Required information)

*First Name _____ *Last Name _____

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

*Email _____ *Phone _____

Event 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

Organizer Name _____

DONATION INFORMATION (Make cheques payable to Canadian Cancer Society)

Table with 6 columns: Donor info (Mr/Mrs/Dr/MS, First Name/Company Name, Last Name, Suite/Apt #, Address, City, Prov, Postal Code, Card #, Expiry, Cardholder Name, Email, Phone #, Payment method), Donation Amount (\$), Tax Receipt Required, Language Preference, Send me CCS email updates.

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.

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.

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:

Thank you for your support!