



## 2017 DONATION FORM

**PETERBOROUGH**

### 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 Branch 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, 2017 to receive a 2017 tax receipt.

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

Donation Amount (\$)

First Name	Last Name	City	Prov	Postal Code	Donation Amount (\$)	CCS communications Opt In (Yes/No <sup>1</sup> )	Tax Receipt Required	Language Preference
Suite/Apt # _____ Address _____	City _____	Prov _____	Postal Code _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Card # _____	Expiry _____ Cardholder Name _____					<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email _____	Phone# _____					<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt # _____ Address _____	City _____	Prov _____	Postal Code _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Card # _____	Expiry _____ Cardholder Name _____					<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email _____	Phone# _____					<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt # _____ Address _____	City _____	Prov _____	Postal Code _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Card # _____	Expiry _____ Cardholder Name _____					<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email _____	Phone# _____					<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt # _____ Address _____	City _____	Prov _____	Postal Code _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Card # _____	Expiry _____ Cardholder Name _____					<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email _____	Phone# _____					<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Suite/Apt # _____ Address _____	City _____	Prov _____	Postal Code _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Card # _____	Expiry _____ Cardholder Name _____					<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French
Email _____	Phone# _____					<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> French

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, October 1, 2017**

- 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.

- 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)

\*\* I withdraw my consent for the Canadian Cancer Society to use my information for anything other than processing my donation.

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** 09-74501
- 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

*Cut here on Run day*

## 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