



Burning Bright for Cancer 2019

Club: _____

CCS Offline Donation Form



PARTICIPANT INFORMATION

Participant First Name: _____ Participant Last Name: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone #: () _____ Email: _____

Event Location (if applicable): _____

DONOR INFORMATION (please print clearly; donor's name and address must be complete and legible for a tax receipt)

Please make cheques payable to "CANADIAN CANCER SOCIETY" **Please do NOT**
include any donations that were made online on this form.

							DONATION AMOUNT	
Name of Donor	Sample Donor		Email	sample@hello.ca		<input type="checkbox"/> Opt Out*		
Address :	1234 MAIN ST.		City	Toronto	Prov. ON	Postal Code A1B 2C3		
Card Holder Name	Sample Donor		Expiry	01/15		CVV 001		
Card No.	1234 5678 9013 456		Signature	John Smith		Phone (123) 456-7819 <input type="checkbox"/> credit <input type="checkbox"/> cash <input type="checkbox"/> cheque		
							<input type="checkbox"/> Tax Receipt	
Name of Donor			Email			<input type="checkbox"/> Opt Out*		
Address :			City		Prov.	Postal Code		
Card Holder Name			Expiry			CVV		
Card No.			Signature			Phone () <input type="checkbox"/> credit <input type="checkbox"/> cash <input type="checkbox"/> cheque		
							<input type="checkbox"/> Tax Receipt	
Name of Donor			Tel			Email	<input type="checkbox"/> Opt Out*	
Address :			City		Prov.	Postal Code		
Card Holder Name			Expiry			CVV		
Card No.			Signature			Phone () <input type="checkbox"/> credit <input type="checkbox"/> cash <input type="checkbox"/> cheque		
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Card Holder Name			Expiry			CVV		
Card No.			Signature			Phone () <input type="checkbox"/> credit <input type="checkbox"/> cash <input type="checkbox"/> cheque		
							<input type="checkbox"/> Tax Receipt	

Tax receipts will be issued for donations of \$20.00 or more. For donations of less than \$20.00, please indicate if a receipt is required on the pledge form.

DONATION TOTAL

*The Canadian Cancer Society respects your privacy. It has always been our policy never to sell, trade or lend the information you give us. Information you provide will be used to process donations or registrations and keep you informed about our activities including events and opportunities to volunteer or to give. We offer numerous privacy options. If you wish to limit or opt-out of future contact, please contact us at
Toll-Free: 1-888-939-3333 Phone Number: 416-961-7223 or by email at privacy.officer@cancer.ca

Thank you for your Support!
Canadian Cancer Society, 500-55 St. Clair Avenue West, Toronto, ON, M4V 2Y7
www.cancer.ca
Phone # 416-961-7223 / 1-888-939-3333 Fax # 416-961-4189
Charitable Registration # 118829803 RR 0001