

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 (\$)	CCS communications Opt in (Yes/No ¹)	Tax Receipt Required	Language Preference
First Name	Last Name					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card #	Expiry	Cardholder Name	X _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	Phone#			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name	Last Name					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card #	Expiry	Cardholder Name	X _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	Phone#			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name	Last Name					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card #	Expiry	Cardholder Name	X _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	Phone#			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name	Last Name					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card #	Expiry	Cardholder Name	X _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	Phone#			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Name	Last Name					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite/Apt #	Address	City	Prov	Postal Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card #	Expiry	Cardholder Name	X _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	Phone#			<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

4. 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.

<p>CIBC BANK STAMP HERE</p>	<p>TOTAL DEPOSITED AT CIBC (this form only)</p> <p>\$ _____</p>	<p>CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS</p> <ol style="list-style-type: none"> 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 09-74803 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
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Cut here on Run day

<p>PAID STAMP HERE</p>	<p>TOTAL SUBMITTED (this form only)</p> <p>\$ _____</p>	<p>RUN DAY VOLUNTEER REPRESENTATIVE INSTRUCTIONS</p> <ol style="list-style-type: none"> 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
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