



Burning Bright for Cancer 2018

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