Canadian Cancer Society / Société canadienne du cancer

DONATION FORM

Please print and complete this form then send to: **Donor Relations**
Fax to: (416) 488-2872
or mail to: Canadian Cancer Society, 55 St. Clair Avenue West, Suite 500, Ontario Division, Toronto, ON M4V 2Y7

Donation type:
- ○ general
- ○ In memory of _____
- ○ In honour of _____

Acknowledgment card recipient details:

○ no card required **or** ○ please send acknowledgment card to:

First name: _____ Last name: _____

Address: _____ Suite: _____

City: _____ Province: _____ Postal code: _____

Message: _____

_____

Card signed from: _____

Payment details: ○ $100 ○ $75 ○ $50 ○ $36 ○ Other: _____

- ○ Cheque (please make payable to Canadian Cancer Society)
- ○ Credit Card: ○ VISA ○ MasterCard ○ American Express

Card number: _____ Expiry date: _____

Signature: _____ Date: _____

Please send tax receipt to:

○ Mr. ○ Mrs ○ Ms ○ Dr ○ Other _____

First name: _____ Last name: _____

Address: _____ Suite: _____

City: _____ Province: _____ Postal code:_____

Home telephone: _____ Business telephone: _____

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The Canadian Cancer Society is dependent upon the generous support of donors and volunteers to fulfill its mission. The Society collects your personal information in order to process your donation and to issue a tax receipt. For more information about our privacy practices visit www.cancer.ca

○ If you would prefer not to receive communications from the Society inviting you to support our fight against cancer, please tick this box.

Unless otherwise requested, tax receipts are issued for donations of $10 or more.
Charitable registration number 11882 9803 RR0006