

2012 Donation Form

WOLFFVILLE

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

Team CIBC Branch Transit/LOB

Team Name _____

Team Captain's Name _____

DONATION INFORMATION (Make cheques payable to the Canadian Breast Cancer Foundation)

Donation Amount (\$) _____

Tax Receipt Required Yes No
Language Preference English French

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

Charge \$ _____ to my credit card.

Card # _____ Expiry _____

Cardholder Name _____

Signature _____

TOTAL DONATIONS
(this form only) \$ _____

CIBC CUSTOMER SERVICE REP INSTRUCTIONS

- TOTAL DEPOSIT AT CIBC (this form only) \$ _____
- Ensure that this form is filled out with participant name and contact information.
- Make deposit using the FastPath Business Deposit option. DO NOT use the Customer Overview screen.
- Enter transit no. 112 and account 09-57208
- Verify account short name ends in PLEDGE
- Verify amount of the deposit and enter it on this form.
- **DO NOT PROCESS CREDIT CARDS**

WHAT TO DO WITH YOUR FORMS & DONATIONS

Submitting Forms Before Or On Run Day — Sunday September 30, 2012

1. Bring donations (cash & cheques) and forms to any CIBC branch location (do not leave forms at CIBC)
2. Get forms bank stamped by a CIBC teller
3. Make copies of all forms for your records
4. Submit forms at:
 - Team t-shirt pick up location OR
 - On Run Day at your chosen site location

Submitting Forms After Run Day

1. Bring donations (cash & cheques) and forms to any CIBC branch location (do not leave forms at CIBC)
2. Make copies of all forms for your records
3. Mail bank stamped forms to:
 - Canadian Breast Cancer Foundation
 - P.O. Box 829 Station K, Toronto, ON, M4P 2H2 (Please do not mail cash.)

TAX RECEIPT INFORMATION

- Receipts will be issued for donations of \$20 or more.
- For donations of less than \$20, receipts will be issued upon request.
- Donor's name and address must be complete and legible to receive a tax receipt.
- Donations must be received by December 31, 2012 to receive a 2012 tax receipt.
- NOTE: It is the donor's responsibility to be in compliance with the Income Tax Act and policies of Canada Revenue Agency.
- Any personal contribution you make to your fundraising campaign may not be eligible for a tax receipt. Visit www.cbcf.org for more information.

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



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CIBC BANK STAMP HERE

PLEASE RETURN THE FORM TO THE PARTICIPANT