



# ICEd PINK DONATION FORM

Please make cheques payable to the CANADIAN BREAST CANCER FOUNDATION. If you need more forms, please photocopy this one. 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. Donor's name and address must be complete and legible. THANK YOU FOR YOUR SUPPORT!

<b>Team Name</b>	<b>Last Name</b>	<b>First Name</b>
<b>Address</b>	<b>City</b>	<b>Province</b>
<b>Postal Code</b>	<b>Phone # ( )</b>	<b>Email</b>

**PLEASE PRINT CLEARLY**

		Cash/ Cheque	Credit Card	Receipt Required
	NAME OF DONOR: <b>CATHERINE WILLIAMSON</b> TEL.: <b>(604)222-1234</b> EMAIL: <b>cw@cbcf.org</b> <input type="checkbox"/> Opt Out* ADDRESS: <b>1234 MAIN ST.</b> CITY: <b>CITY</b> PROV.: <b>BC</b> POSTAL CODE: <b>V1B 1B1</b> CARD NO. <b>123456789013456</b> EXPIRY: <b>01/05</b> NAME ON CARD: <b>CATHERINE WILSON</b> X			
1	<input type="checkbox"/> Opt Out* CARD NO. EXPIRY: NAME ON CARD: X			
2	<input type="checkbox"/> Opt Out* CARD NO. EXPIRY: NAME ON CARD: X			
3	<input type="checkbox"/> Opt Out* CARD NO. EXPIRY: NAME ON CARD: X			
4	<input type="checkbox"/> Opt Out* CARD NO. EXPIRY: NAME ON CARD: X			
5	<input type="checkbox"/> Opt Out* CARD NO. EXPIRY: NAME ON CARD: X			
6	<input type="checkbox"/> Opt Out* CARD NO. EXPIRY: NAME ON CARD: X			
7	<input type="checkbox"/> Opt Out* CARD NO. EXPIRY: NAME ON CARD: X			
8	<input type="checkbox"/> Opt Out* CARD NO. EXPIRY: NAME ON CARD: X			
9	<input type="checkbox"/> Opt Out* CARD NO. EXPIRY: NAME ON CARD: X			
10	<input type="checkbox"/> Opt Out* CARD NO. EXPIRY: NAME ON CARD: X			

<b>TOTAL CASH/CHEQ</b>	\$	<b>TOTAL CREDIT CARD</b>	\$	<b>TOTAL DONATIONS</b>	\$
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**Thank you for your Support!**

Canadian Breast Cancer Foundation, Ontario Chapter, 20 Victoria Street., 6<sup>th</sup> Floor, Toronto, ON, M5C 2N8  
 Phone # 416-815-1313 / 1-866-373-6313 Fax # 416-815-1766 Charitable Registration # BN 12799 3608 RR0001

