



Start fundraising online today with your own personalized fundraising page at slopesforhope.ca
 Online donors will receive a tax receipt by email and donating online helps to reduce administration costs
 (This form is not used for online receipting)

EVENT DATE: _____ EVENT LOCATION: _____ Sheet _____ of _____

Please complete participant name and address on each donation sheet

First Name: _____ Last Name: _____

Suite/Apt #: _____ Street: _____ City: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Organizer's Name: _____ Organizer's Phone #: _____

DONATION INFORMATION — Donor's name and address MUST be complete and legible to receive a tax receipt							DONATION AMOUNT
1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	First Name	Last Name				<input type="checkbox"/> Under \$25 Receipt Requested
	Suite/Apt #	Address		City			
	Province	Postal Code	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	First Name	Last Name				<input type="checkbox"/> Under \$25 Receipt Requested
	Suite/Apt #	Address		City			
	Province	Postal Code	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
3	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	First Name	Last Name				<input type="checkbox"/> Under \$25 Receipt Requested
	Suite/Apt #	Address		City			
	Province	Postal Code	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
4	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	First Name	Last Name				<input type="checkbox"/> Under \$25 Receipt Requested
	Suite/Apt #	Address		City			
	Province	Postal Code	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
5	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	First Name	Last Name				<input type="checkbox"/> Under \$25 Receipt Requested
	Suite/Apt #	Address		City			
	Province	Postal Code	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque			

Tax Receipt information

- Help us keep our mailing costs down and put more donations to work in the fight against cancer. Only donations of \$25 will be automatically mailed a receipt
- Donor's name and address must be complete and legible to receive a tax receipt
- Please make cheques payable to **Canadian Cancer Society**
- Charitable #11882 9803 RR0001 (Canada); 98-6001242 (USA)

Returning Donation Forms & Money

- All funds raised must accompany the donation form(s)
- Do not hand in money without donation form(s)
- Donation form(s) must balance

Total lines 1-5	\$
ADDITIONAL FUNDS (anonymous, do not include Gaming)	\$
SHEET TOTAL	\$

The Canadian Cancer Society (CCS) is committed to protecting your privacy and your personal information and complies with the Personal Information and Protection Act (PIPA). The information you provide will be used to issue a tax receipt and additionally may be used to keep you informed of CCS activities including programs, services, special events, funding needs, opportunities to volunteer or to give and for ensuring accurate recognition of donors and their families. If at any time you wish to be removed from any of these contacts, please let us know by calling Donor Services at 1-888-700-1131 or emailing donorservices@bc.cancer.ca.

FOR CANADIAN CANCER SOCIETY USE	
BOX 1 Cash Amount Total _____ <input type="checkbox"/> Verified Cheque Amount Total _____ <input type="checkbox"/> Verified Total Donations Collected _____ <input type="checkbox"/> Verified CCS Person (Verified By: _____) Information entered into Convio _____ Initial _____	BOX 2 – MANDATORY Deposit "SLIP" #: 0 _____ CODE: _____ <small>REGION UNIT 5460 150 DESIGNATION</small> Date DEPOSITED: _____ Depositor's Name (Please print first & last name) _____