Canadian Cancer Society

Creating a world where no Canadian fears cancer

Canadian Cancer Society Metastatic Breast Cancer Fund

Help create a future without breast cancer. By being a member of the **Canadian Cancer Society Metastatic Breast Cancer Fund**, your donation will help continue investments in critical research and provide women with the unique emotional support and information services they need.

Thank you in advance for your gift. It will make a difference in the lives of women and the future of our daughters.

In the event that money raised exceeds project requirements, funds will be used to support similar support services for women living with cancer, education, or research.

Please fill out the information below.

DONOR INFORMATION

(*Required fields)

☐ Personal donation OR ☐ On behalf of an organization

Title _____ *First Name _____ *Last Name _____

Organization Name (*if applicable*) _____

*Suite/Apt _____ *Street _____

*City _____ *Prov _____ *Postal Code _____

*Email _____ *Phone _____

Please provide us with a phone number or e-mail address to ensure we have a means of contacting you if we have a question regarding your donation.

PAYMENT INFORMATION

☐ **Single gift** OR ☐ **Monthly gift** - *Recurring credit card or bank withdrawals will be processed on the 15th of every month for the amount you specify. To arrange automatic withdrawals from your bank please attach a cheque marked "void".*

I would like to make a donation to the Canadian Cancer Society in the amount of (*mark with a checkmark the desired amount*):

☐ $25 ☐ $50 ☐ $100 Other $ _____

☐ **SINGLE GIFT AUTHORIZATION** — I authorize the Canadian Cancer Society to charge my credit card.

OR

☐ **MONTHLY GIFT AUTHORIZATION** — I hereby authorize the Canadian Cancer Society to arrange automatic withdrawals from my bank account or my credit card on a monthly basis on the 15th of every month.

PAYMENT METHOD

Select method: ☐ Credit Card ☐ Cash ☐ Cheque (*Make payable to "Canadian Cancer Society" or marked "void" for monthly gifts.)*

Card type: ☐ Visa ☐ Mastercard ☐ American Express

Card # | | | | | | | | | | | | | | | | Expiry | | / | | **TOTAL DONATION** C$

Appeal Code: 17-1100-CBCFMBC

Cardholder name _____ Signature _____

SUBMITTING YOUR FORMS

(Forms can be mailed/faxed to CCS at the location provided below)

Canadian Cancer Society

55 St Clair Avenue West, Suite 300, Toronto, Ontario M4V 2Y7

Tel: 416-961-7223 | Toll Free: 1-888-896-0639 | Fax: 416-961-4189

cancer.ca

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CRA Charity Registration Number 118829803 RR 0001. Tax receipts will be issued for a donation of $20 or more. The personal information you share with us will be used to manage your donation, provide you with the latest news and other ways to get involved with the Society.