



# Tribute Donation Form

Please print and complete the following information.

By providing this information you consent for the Canadian Cancer Society (CCS) to collect, disclose, and use it for follow-up contacts, statistical purposes, and to process and recognize donations. Information will be disclosed to employees and agents of CCS as necessary to accomplish these purposes. Name, and contact information are optional. If you do not wish to be identified please enter "Anonymous" for both the first and last name. Tax receipts cannot be issued to anonymous donors.

## TRIBUTE INFORMATION (\*Required fields)

This gift is in honour / memory of: \_\_\_\_\_

Please send acknowledgement card to:

Title \_\_\_\_\_ \*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Suite/Apt \_\_\_\_\_ \*Street \_\_\_\_\_

\*City \_\_\_\_\_ \*Prov \_\_\_\_\_ \*Postal Code \_\_\_\_\_

Message on card  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### OFFICE USE ONLY

Card sent:  D  M  Y  Y  Y  Y  
 Card entered in RE:  D  M  Y  Y  Y  Y

## DONATION INFORMATION (\*Required fields)

Please send tax receipt to:

Title \_\_\_\_\_ \*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

\*Suite/Apt \_\_\_\_\_ \*Street \_\_\_\_\_

\*City \_\_\_\_\_ \*Prov \_\_\_\_\_ \*Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please provide us with a phone e-mail address or number 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):

\$35    \$55    \$100    \$250   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")

Card type:  Visa    Mastercard    American Express   Card # \_\_\_\_\_ Expiry \_\_\_\_\_/\_\_\_\_

Cardholder name \_\_\_\_\_ Signature \_\_\_\_\_

**TOTAL DONATION** **C\$**

## 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](http://cancer.ca)