

Tribute Donation Form

Please print and complete the following information.

By providing this information you consent for the Canadian Breast Cancer Foundation (CBCF) 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 CBCF 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 number or e-mail address to ensure we have a means of contacting you if we have a question regarding your donation.

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

Single gift **OR** Recurring Gift - For monthly donations, please attach a cheque marked VOID.

Monthly donations will be processed on the 15th of every month for the amount specified.

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

\$25 \$35 \$55 \$100 Other \$ _____

PAYMENT METHOD

Select method: Credit Card Cash Cheque (Make payable to "Canadian Breast Cancer Foundation")
 Card type: Visa Mastercard American Express Card # _____ Expiry _____ / _____
 Cardholder name _____ Signature _____

TOTAL DONATION C\$ _____

AUTHORIZATION — I authorize the Canadian Breast Cancer Foundation to charge C\$ _____ to my credit card.

SUBMITTING YOUR FORMS (Forms can be mailed/faxed to your nearest CBCF location, provided below)

**Canadian Breast Cancer Foundation
 Central Office**
 375 University Avenue, Suite 301
 Toronto, Ontario M5G 2J5
 Fax: 416-596-7857 | Tel : 416-596-6773

**Canadian Breast Cancer Foundation
 Atlantic Region**
 230 Brownlow Avenue, Suite 240,
 Dartmouth, NS B3B 0G5
 Fax: 902-422-5523 | Tel : 902-422-5520
 (Note: Atlantic Region represents Newfoundland, Nova Scotia, P.E.I., New Brunswick)

**Canadian Breast Cancer Foundation
 Ontario Region**
 20 Victoria Street, 6th Floor
 Toronto, ON M5C 2N8
 Fax: 416-815-1766 | Tel : 416-815-1313

**Canadian Breast Cancer Foundation
 BC/Yukon Region**
 300-1090 West Pender Street
 Vancouver, British Columbia V6E 2N7
 Fax: 604-683-2860 | Tel : 604-683-2873

**Canadian Breast Cancer Foundation
 Prairies/NWT Region**
 Suite 1800, 10250 101 ST
 Edmonton, Alberta T5J 3P4
 Fax: 780-451-6554 | Tel: 780-452-1166