



Trucking for a Cure 2015

Location: _____

Date: _____

Last Name: _____ First Name: _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Phone #: () _____ Email: _____

PLEASE PRINT CLEARLY

				Cash/ Cheque	CreditCard	Receipt Required?	
NAME OF DONORS: Ms. Sample Donor TEL. (123) 456-7890 EMAIL: sample@hello.ca <input type="checkbox"/> Opt Out* ADDRESS: 1234 MAIN ST. CITY: Toronto PROV.: ON POSTAL CODE: A1B 2C3 CARD NO. 123456789013456 EXPIRY: 1/16 NAME ON CARD: SAMPLE DONOR X <u>Sample Donor</u>				N/A	\$50	√	
Name on card: _____ <input type="checkbox"/> Opt Out* Address: _____ 1 CARD NO. _____ EXPIRY DATE: _____ SIGNATURE: X _____ 3 Digit Security Code: _____							
Name on card: _____ <input type="checkbox"/> Opt Out* Address: _____ 2 CARD NO. _____ EXPIRY DATE: _____ SIGNATURE: X _____ 3 Digit Security Code: _____							
Name on card: _____ <input type="checkbox"/> Opt Out* Address: _____ 3 CARD NO. _____ EXPIRY DATE: _____ SIGNATURE: X _____ 3 Digit Security Code: _____							
Name on card: _____ <input type="checkbox"/> Opt Out* Address: _____ 4 CARD NO. _____ EXPIRY DATE: _____ SIGNATURE: X _____ 3 Digit Security Code: _____							
Name on card: _____ <input type="checkbox"/> Opt Out* Address: _____ 5 CARD NO. _____ EXPIRY DATE: _____ SIGNATURE: X _____ 3 Digit Security Code: _____							
Name on card: _____ <input type="checkbox"/> Opt Out* Address: _____ 6 CARD NO. _____ EXPIRY DATE: _____ SIGNATURE: X _____ 3 Digit Security Code: _____							
TOTAL CASH/CHEQ		\$	TOTAL CREDIT CARD		\$	TOTAL DONATIONS	\$

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.

The Canadian Breast Cancer Foundation respects your privacy. It has always been our policy never to sell, trade or lend the information you give us. Information you provide will be used to process donations or registrations and keep you informed about our activities including events and opportunities to volunteer or to give. We offer numerous privacy options. If you wish to limit or opt-out of future contact, please contact us at 1-866-373-6313 or Onprivacy@cbcf.org.

Thank you for your Support!