

Tubbs Romp to Stomp Out Breast Cancer Snowshoe Series®

2010 Donation Form

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

PLEASE PRINT CLEARLY

	Cash/ Cheque	Credit Card	Receipt Required
NAME OF DONOR: CATHERINE WILLIAMSON TEL.: (989) 555-1234 EMAIL: cw@cbcf.org <input type="checkbox"/> Opt Out* ADDRESS: 1234 MAIN ST. CITY: CITY PROV.: AA POSTAL CODE: A1B2C3 CARD NO. 123456789013456 EXPIRY: 01/05 NAME ON CARD: CATHERINE WILSON X			
_____ <input type="checkbox"/> Opt Out* CARD NO. _____ EXPIRY: _____ NAME ON CARD: _____ X			
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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!