

In support of



Paddle for a Purpose 2009 Donation Form

Donor's Name		
Mailing Address		
City	Province	Postal Code
Phone (Home)	Phone (Work)	
Fax	E-Mail	

I would like to make a donation to the Canadian Breast Cancer Foundation for the amount of (please circle one or fill in your desired amount):

\$20.00 \$35.00 \$50.00 \$75.00 \$100.00 Other \$ _____

Payment Method (circle one)

VISA MasterCard AMEX Cheque Money Order
(make payable to "Canadian Breast Cancer Foundation")

Credit Card Payment Information:

Card Number	Expiry Date
Name on Card	Signature

Please note that a tax receipt will be mailed to the address provided above.

I am giving permission for the CBCF to provide my personal contact information to the participant for follow-up and recognition purposes. If I do not check either box, the Foundation will be unable to do so. Yes No

If you have any questions or require further information, please contact Ellen DesRues at edesues@cbcf.org 416-815-1313 or toll-free 1-866-373-6313, ext. 435.

Please make cheques payable to the **CANADIAN BREAST CANCER FOUNDATION**. If you need more forms, please photocopy this one.. Please remember that donor name and address must be complete and legible to enable an income tax receipt to be issued.

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!

Canadian Breast Cancer Foundation, Ontario Chapter, 20 Victoria Street., 6th Floor, Toronto, ON, M5C 2N8
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