



CANCER CHANGES
EVERYTHING.
SO CAN YOU.

Walk to fund vital support services and Canada's
most promising cancer research.



Accept the baton. Register today!

SACKVILLE'S RELAY FOR LIFE
October 13th | Mount Allison Quad

Relay For Life — 6-9pm, registration at 5:30pm
5/10K Run Fundraiser to support Relay — 6:30pm, registration at 5:30pm

TO REGISTER OR FOR MORE INFORMATION
Ally Myers admyers@mta.ca | 250-273-0215
Bob Caldwell bobnjoan@eastlink.ca | 506-533-6329



Please support me on my run to support Sackville's Relay For Life 2017.
Time: Registration October 13 at 5:30 pm. Run starts at 6:30 pm.
Registration: \$10 with a suggested fundraising goal of \$75

Please complete participant name and address on each donation sheet

First Name: _____ Last Name: _____
 Suite/Apt #: _____ Street: _____ City: _____ Province: _____ Postal Code: _____
 Email: _____ Phone #: _____
 Team Name: _____

DONATION INFORMATION — Donor's name and address MUST be complete and legible to receive a tax receipt							DONATION AMOUNT
1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	First Name	Last Name				<input type="checkbox"/> Under \$25 Receipt Requested
	Suite/Apt #	Address	City				
	Province	Postal Code	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	First Name	Last Name				<input type="checkbox"/> Under \$25 Receipt Requested
	Suite/Apt #	Address	City				
	Province	Postal Code	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
3	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	First Name	Last Name				<input type="checkbox"/> Under \$25 Receipt Requested
	Suite/Apt #	Address	City				
	Province	Postal Code	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
4	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	First Name	Last Name				<input type="checkbox"/> Under \$25 Receipt Requested
	Suite/Apt #	Address	City				
	Province	Postal Code	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque			
5	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	First Name	Last Name				<input type="checkbox"/> Under \$25 Receipt Requested
	Suite/Apt #	Address	City				
	Province	Postal Code	Phone #	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque			

Tax Receipt Information

- o Help us keep our mailing costs down and put more donations to work in the fight against cancer
- o Donor's name and address must be complete and legible to receive a tax receipt
- o Please make cheques payable to **Canadian Cancer Society**
- o Charitable #11882 9803 RR0001 (Canada); 98-6001242 (USA)

Returning Donation Forms & Money

- o All funds raised must accompany the donation form(s)
- o Do not hand in money without donation form(s)
- o Donation form(s) must balance

Total lines 1-5	\$
ADDITIONAL FUNDS (anonymous, do not include Gaming)	\$
SHEET TOTAL	\$

The Canadian Cancer Society (CCS) is committed to protecting your privacy and your personal information. The information you provide will be used to issue a tax receipt and additionally may be used to keep you informed of CCS activities including programs, services, special events, funding needs, opportunities to volunteer or to give and for ensuring accurate recognition of donors and their families. If at any time you wish to be removed from any of these contacts, please let us know by calling 1 800 455-9090 or emailing ccsnb@nb.cancer.ca.

FOR CANADIAN CANCER SOCIETY USE	
Box 1 Cash Amount Total _____ <input type="checkbox"/> Verified Cheque Amount Total _____ <input type="checkbox"/> Verified Total Donations Collected _____ <input type="checkbox"/> Verified CCS Person (Verified By: _____) Information entered into Convio _____ Initial _____	Box 2 – Mandatory Deposit "Slip" #: 0 _____ CODE: _____ 5460 175 _____ <small>Region Unit Designation</small> Date Deposited: _____ Depositor's Name (Please print first & last name) _____

