

DONATION FORM



COMPANY: _____

MAILING ADDRESS: _____ CITY: _____ PROV: _____ POSTAL CODE: _____

DAYTIME TELEPHONE: () _____ EMAIL: _____

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CHARITABLE TAX RECEIPTS WILL BE ISSUED FOR DONATIONS OF \$20 AND OVER

- Donations under \$20 can receive tax receipts if requested
- Please print clearly – Donor name and contact **must** be completed to receive a tax receipt
- Please make cheques payable to the **Canadian Breast Cancer Foundation (or CBCF)**

NAME OF DONOR (please print clearly)	COMPLETE MAILING ADDRESS	CITY	PROV	POSTAL CODE	TELEPHONE	PLEDGE AMOUNT	PAYMENT TYPE Cash/CC/Cheque	CREDIT CARD #	EXPIRY DATE	Tax Receipt	PAID
1.										Y / N	
2.										Y / N	
3.										Y / N	
4.										Y / N	
5.										Y / N	
6.										Y / N	
7.										Y / N	
8.										Y / N	
9.										Y / N	
10.										Y / N	

Please complete this form and send to: **Canadian Breast Cancer Foundation, BC/Yukon Region** #300-1090 West Pender St., Vancouver, BC, V6E 2N7
 Phone: (604) 683-2873 Fax: (604) 683-2860 Attention: Fund Development Officer

TOTAL PLEDGES