

# “Coldwater Curl for the Cure”

## 2012 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: <b>CATHERINE WILLIAMSON</b> TEL.: <b>(989) 555-1234</b> EMAIL: <b>cw@cbcf.org</b> <input type="checkbox"/> Opt Out* ADDRESS: <b>1234 MAIN ST.</b> CITY: <b>CITY</b> PROV.: <b>AA</b> POSTAL CODE: <b>A1B2C3</b> CARD NO. <b>123456789013456</b> EXPIRY: <b>01/05</b> NAME ON CARD: <b>CATHERINE WILSON</b> X			
_____ <input type="checkbox"/> Opt Out* CARD NO. _____ EXPIRY: _____ NAME ON CARD: _____ X			
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<b>TOTAL CASH/CHEQ</b> \$ _____			
<b>TOTAL CREDIT CARD</b> \$ _____			
<b>TOTAL DONATIONS</b> \$ _____			

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](mailto:Onprivacy@cbcf.org).

### Thank you for your Support!