Event/Organization Name: **CONVOY FOR A CURE:New Brunswick- 2009 Donation Form**

In support of CANADIAN BREAST CANCER FOUNDATION / FONDATION CANADIENNE DU CANCER DU SEIN Atlantic / Atlantique

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime # _____ Evening # _____

ID# (office use only)	**PLEASE PRINT CLEARLY** Donor Name	Mailing Address	City	Province	Postal Code	Amount Pledged	Receipt Req'd?	Method of Pay
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
						Paid?[ ]	[ ] Yes [ ] No	[ ] Cash [ ] Cheque [ ] Credit Card
					Total Received			

Please make cheques payable to the Canadian Breast Cancer Foundation.

Tax receipts are automatically issued for donations of $20 or more.

Tax receipts *will not* be issued if full name & address are not complete and ledgible. Full address is required.

Pledge Sheet # _____ of _____

Thank you for your Support!

Canadian Breast Cancer Foundation, 5251 Duke Street, Suite 417, Halifax, NS B3J 1P3 Phone (902)422-5520, Fax (902)422-5523, 1(866)273-2223
Charitable registration No 12799 3608 RR0001

Name (First)	(Last)	Phone (Day)	Email	Amount Pledged
Address	City	Province	Postal Code	
Name as it appears on Credit Card :				
Method of Payment: [ ] VISA [ ] MASTERCARD [ ] AMERICAN EXPRESS		Expiry Date: /	*For Office Use Only:*	
Credit Card #: | | | | | | | | | | | | | | | | | | | |			*Authorization # & Date:*	

Name (First)	(Last)	Phone (Day)	Email	Amount Pledged
Address	City	Province	Postal Code	
Name as it appears on Credit Card :				
Method of Payment: [ ] VISA [ ] MASTERCARD [ ] AMERICAN EXPRESS		Expiry Date: /	*For Office Use Only:*	
Credit Card #: | | | | | | | | | | | | | | | | | | | |			*Authorization # & Date:*	

Name (First)	(Last)	Phone (Day)	Email	Amount Pledged
Address	City	Province	Postal Code	
Name as it appears on Credit Card :				
Method of Payment: [ ] VISA [ ] MASTERCARD [ ] AMERICAN EXPRESS		Expiry Date: /	*For Office Use Only:*	
Credit Card #: | | | | | | | | | | | | | | | | | | | |			*Authorization # & Date:*	

Name (First)	(Last)	Phone (Day)	Email	Amount Pledged
Address	City	Province	Postal Code	
Name as it appears on Credit Card :				
Method of Payment: [ ] VISA [ ] MASTERCARD [ ] AMERICAN EXPRESS		Expiry Date: /	*For Office Use Only:*	
Credit Card #: | | | | | | | | | | | | | | | | | | | |			*Authorization # & Date:*	

Name (First)	(Last)	Phone (Day)	Email	Amount Pledged
Address	City	Province	Postal Code	
Name as it appears on Credit Card :				
Method of Payment: [ ] VISA [ ] MASTERCARD [ ] AMERICAN EXPRESS		Expiry Date: /	*For Office Use Only:*	
Credit Card #: | | | | | | | | | | | | | | | | | | | |			*Authorization # & Date:*	

Total	

Canadian Breast Cancer Foundation, 5251 Duke Street, Suite 417, Halifax, NS B3J 1P3 Phone (902)422-5520, Fax (902)422-5523, 1(866)273-2223
Charitable registration No 12799 3608 RR0001