Rider Registration & Donation Form

5th Annual *RIDE FOR THE CURE*

Saturday July 8, 2006

www.RIDEFORTHECURE.ca

Rider's Last Name _____ **First Name** _____

Passenger Name if any _____

Address _____

City _____ Postal Code _____

Telephone No. _____ E-mail _____

PLEASE PRINT CLEARLY (Name & Address must be legible to receive a tax receipt)

		DONATION AMOUNT	RECEIPT
	NAME OF DONOR: ***Jen Orous*** TEL : ***(989) 555-9999*** EMAIL: ***jenorous@myemail.com*** ☐ *Opt Out** ADDRESS: ***986 MAIN ST.*** CITY: ***SAULT STE. MARIE*** PROV. :***ON*** POSTAL CODE : ***P6A 1S2***	***$25***	✓
1	☐ *Opt Out**		
2	☐ *Opt Out**		
3	☐ *Opt Out**		
4	☐ *Opt Out**		
5	☐ *Opt Out**		
6	☐ *Opt Out**		
7	☐ *Opt Out**		
8	☐ *Opt Out**		
9	☐ *Opt Out**		
10	☐ *Opt Out**		
	TOTAL DONATIONS (THIS PAGE)	**$**	

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. *THANK YOU FOR YOUR SUPPORT!*

** I consent for the Canadian Breast Cancer Foundation (CBCF) to collect the information provided above to use for follow-up contacts, statistical purposes, and to process and recognize my donations. I am aware that I may withdraw my consent for CBCF to use my information for anything other than processing my gift by checking the "opt out" box beside my name. If I do not wish to receive a tax receipt, I am aware that I can use the name 'Anonymous'. Tax receipts cannot be issued to anonymous donors.*

Canadian Breast Cancer Foundation, Ontario Chapter, 20 Victoria Street., 6th Floor, Toronto, ON, M5C 2N8
Phone # 416-815-1313 / 1-866-373-6313 Fax # 416-815-1766 Charitable Registration # BN 12799 3608 RR0001