



Wednesday, October 28, 2026
6:00 AM to 6:00 PM



Page _____ of _____

| | | | | |
|-----------------|-----------------|-----------|-------|---------------|
| FUNDRAISER NAME | Mailing address | City/Town | Prov. | Postal Code |
| E-mail | | Tel (day) | | Tel (evening) |

DONATION INFORMATION - Please print clearly, thank you!
Charitable tax receipts will be automatically issued for donations over \$20, or upon request. Receipts cannot be issued without all information filled out.

| | | | | | |
|----------------|-----------------|---|-------------|--------------------|-------------------------|
| DONOR NAME | Mailing address | <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> Cheque - Payable to Cancer Foundation of Sask | | | Donation \$ |
| Phone | City/Town | Prov. | Postal Code | Card # | Receipt: Yes ___ No ___ |
| E-mail address | | Tel (day) | | Exp date ____/____ | CVV # |

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| Phone | City/Town | Prov. | Postal Code | Card # | Receipt: Yes ___ No ___ |
| E-mail address | | Tel (day) | | Exp date ____/____ | CVV # |

| TOTAL OF THIS SHEET | |
|---------------------|-----------|
| Cash | \$ |
| Cheques | \$ |
| Credit Cards | \$ |
| TOTAL | \$ |