## **Team Donation Form**

Thank you for donating to the Ride to Conquer Cancer® benefitting The Princess Margaret.

Which event year are you do	onating to? 20		Please mail this form with your donation to:
Please print your name clear	The Princess Margaret Cancer Foundation P.O. Box 247, Stn A Etobicoke, ON M9C 4V3		
First Name:			
Company Name (for business donations)	Please note the following before you send in		
Address:			your donation:
City: Province	ce: Postal (	Code:	All donations will be credited in Canadian dollars
Email (to receive tax receipt by email):		<ul><li>We cannot accept cash donations</li><li>Donations are processed as an individual</li></ul>	
Phone (mandatory for credit card payme	donation for each person listed, and you will receive separate tax receipts for each donation		
Please check this box if you consent to event updates, training details, fundrai	• If you donate \$15 or more, you will receive a tax receipt		
withdraw your consent by opting out a	All donations are non-refundable and non-transferable		
Who are you donating to?	Credit card statements will say     PM CANCER FOUNDATION     Toronto ON		
Team Member:	Participant Number (if available):	Donation Amount:	
			<ul> <li>More ways to donate:</li> <li>Ask your company if they provide matching gifts for donations</li> </ul>
			Many people leave a gift in their will to charities that are important in their life.
			Please have someone contact me about leaving a gift to The Princess Margaret Cancer Foundation.
			Please enter your name as you would like it to appear on the participant's Honour Roll:
For additional names, please use an addition	onal sheet. Page 1	l Total:	I prefer not to show the amount of my gift
<b>Note:</b> Please make sure the breakout of do	onations to Page 2	2 Total:	on the participant's Honour Roll.
each team member adds up to the total.	Final	Total:	I do not want my name to appear on the Ride to Conquer Cancer website.

THE PRINCESS MARGARET

TO CONQUER CANCER®

## Select between two easy payment options:

 Personal Cheque
 Single payment in full only. Please make cheques payable to: The Ride to Conquer Cancer. Include participant name and number on all cheques.

 Credit Card
 Single payment in full only. Payment will be processed immediately upon the processing of this form by the donation office.

 Visa
 Mastercard

Cardholder Name:								 Cardholder Signature:	
Card Number:								Exp:	CVV:
	visa		IVIa	Mastercard		Amex			

Yes, I would like to cover the admin fee of 3% of the transaction total or \$25.00, whichever is greater, so that more money can go to Conquering Cancer.