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 clean	The Princess Margaret Cancer Foundation 610 University Avenue, Toronto, ON M5G 2M9						
Company Name (for business donations	Please note the following before you send in your donation:						
			All donations will be credited in Canadian dollars				
City: Provine	ce: Postal Cod	e:	We cannot accept cash donations				
Email (to receive tax receipt by email):		 Donations are processed as an individual donation for each person listed, and you will receive separate tax receipts for each donation 					
	ents):		 If you donate \$15 or more, you will receive a tax receipt 				
event updates, training details, fundrai withdraw your consent by opting out a	 All donations are non-refundable and non-transferable 						
Who are you donating to?	Team Name:		Credit card statements will say PM CANCER FOUNDATION Toronto ON				
Team Member:	Participant Number (if available):	Donation Amount:	More ways to donate:				
			Ask your company if they provide matching gifts for donations				
			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 additi	onal sheet. Page 1 To	tal:	I prefer not to show the amount of my gift				
Note: Please make sure the breakout of do each team member adds up to the total.		tal:	on the participant's Honour Roll. I do not want my name to appear on				
	Final Io	tal:	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
 Amex

Card Number:]	Exp:			CVV:		
Cardholder Nam	. .									Cordboldor	Cianat				
	c. _								-	Cardholder	Siyilal	ure.			

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