Donation Form

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



Which Event Year	r Are You Donating To? 20	Please mail this form with your donation to	
Who Are You Donating To?		this address:	
	Participant Number (if known):	The Princess Margaret Cancer Foundation Mail P.O. Box 247, Stn A	
		Etobicoke, ON M9C 4V3	
Donate to individual	☐ Donate to team	Or donate online at Ride2Conquer.ca	
	Clearly, As You Wish It To Appear On Your Tax Receipt. Last Name:	 Each cheque must come with its own donation form. All donations will be credited in Canadian dollars. 	
Company Name (for busines	es donations):		
Address:		We cannot accept cash donations.	
•	Province: Postal Code:	 All donations are 100% tax deductible, tax receiptable (if you donate \$15 or more), non- refundable and non- transferable. 	
	t card payments):	Ask your company if they provide matching gifts for donations.	
In order to receive imp information on how fur your consent and opt-	portant Ride information including event updates, training and fundraising tips, and nds raised are being used, you need to OPT-IN to communications. You may withdraw out at any time.	For more information about The Princess Margaret please visit www.thepmcf.ca	
Choose Your Leve We're grateful for anything y	el Of Donation. you can give. Every dollar counts in the fight to save lives!		
Crusader. Speedster. Explorer Roadie	Payments Over Time	Nonthly payments must be \$25 or higher and cannot to The Princess Margaret Cancer Foundation.	
Please enter your name or	r message as you would like it to appear on the participant's Honour Roll:		
I prefer not to show the	e amount of my gift on the participant's Honour Roll.		
I do not want my name	e to appear on The Ride website.		
Select Between 1	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 or monthly payments. Your monthly statement(s) will read The Ride to Conquer Cathe processing of this form by the donation office.	ıncer. Payments commence immediately upon	
	○ Visa ○ Mastercard ○ Amex		
Card Number	Exp	cw	
Cardholder Name:	Cardholder Signature:		
Yes, I would like to c	over the admin fee of 3% of the transaction total or \$25.00, whichever is greater, so	that more money can go to conquer cancer.	