DONATION FORM

Thank you for donating to the Enbridge® Ride to Conquer Cancer® benefiting Princess Margaret Cancer Centre.

WHO ARE YOU DONATING TO?

Name: _____ Participant Number (if known): _____

Team Name (if applicable): _____

☐ Donate to individual ☐ Donate to team

PRINT YOUR NAME CLEARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT.

First Name: _____ Last Name: _____

Company Name (for business donations): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email (to receive tax receipt by email): _____

Phone (mandatory for credit card payments): _____

☐ **In order to receive important Ride information including event updates, training and fundraising tips, and information on how funds raised are being used, you need to OPT-IN to communications. You may withdraw your consent and opt-out at any time.**

Please mail this form with your donation to this address:

The Princess Margaret Cancer Foundation
Mail: P.O. Box 247, Stn A
Etobicoke, ON M9C 4V3

Or donate online at **Ride2Conquer.ca**

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars.
- **We cannot accept cash donations.**
- All donations are 100% tax deductible, tax receiptable (if you donate $15 or more), non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

For more information about The Princess Margaret, please visit **www.thepmcf.ca**

CHOOSE YOUR LEVEL OF DONATION.

We're grateful for anything you can give. Every dollar counts in the fight to save lives!

- ◯ Honorary Rider $2,500
- ◯ Crusader $1,500
- ◯ Speedster $1,000
- ◯ Explorer $500
- ◯ Roadie $250
- ◯ Free Wheeler (any amount) $ _____

☐ **Payments Over Time**
_____ monthly payments of $ _____ (Monthly payments must be $25 or higher and cannot extend beyond Dec. 31, 2022).

☐ **Please have someone contact me about leaving a gift to The Princess Margaret Cancer Foundation.**

Please enter your name or message as you would like it to appear on the participant's Honour Roll: _____

☐ **I prefer not to show the amount of my gift on the participant's Honour Roll.**

☐ **I do not want my name to appear on The Ride website.**

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 or monthly payments. Your monthly statement(s) will read The Ride to Conquer Cancer. Payments commence immediately upon the processing of this form by the donation office.

◯ Visa ◯ Mastercard ◯ Amex

Card Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| Exp |_|_|_|_| CVV |_|_|_|

Cardholder Name: _____ Cardholder Signature: _____

☐ **Yes, I would like to cover the admin fee of 3% of the transaction total or $5.00, whichever is greater, so that more money can go to conquer cancer.**

Print Reset