



THE PRINCESS MARGARET
RIDE
TO CONQUER CANCER

TEAM DONATION FORM

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

DONOR INFORMATION

Name: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

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.

WHO ARE YOU DONATING TO?

Team Member:	Participant Number (if available):	Amount of Donation:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For additional names, please use additional sheet.
Note: Please make sure the breakout of donations to each team member adds up to the total.

Page 1 Total: _____

Page 2 Total: _____

Name of Team You're Supporting _____ **Final Total:** _____

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

- All donations will be credited in Canadian dollars.
- **We cannot accept cash donations.**
- Donations are processed as an individual donation for each person listed, and you will receive separate tax receipts for each donation.
- If you donate \$15 or more, you will receive a tax receipt.
- All donations are 100% tax deductible, non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

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.