Team Donation Form

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

THE PRINCESS MARGARET RIDE TO CONQUER CANCER®

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.

Which Event Year Are You Donating To? 20_____

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 payment in full only. Your monthly statement will read The Ride to Conquer Cancer. Payment will be processed 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 $25.00, whichever is greater, so that more money can go to conquer cancer.**