

## **Donation Form**

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

wno Are You Dor	lating 10?	Diagon marii Ahin farma wikh waxa danakian ka
Name:	Participant Number (if known):	Please mail this form with your donation to this address:
Team Name (if applicable):		The Princess Margaret Cancer Foundation Mail
Donate to individual	Donate to team	P.O. Box 247, Stn A Etobicoke, ON M9C 4V3
<b>Print Your Name</b>	Clearly, As You Wish It To Appear On Your Tax Rec	eipt. Or donate online at Ride2Conquer.ca
First Name:	Last Name:	Each cheque must come with its own donation form.
Company Name (for busine	ss donations):	
Address:		<ul> <li>All donations will be credited in Canadian dollars.</li> </ul>
City:	Province: Postal Code:	We cannot accept cash donations.
Email (to receive tax receip	t by email):	All donations are 100% tax deductible, tax
Phone (mandatory for credit card payments):		receiptable (if you donate \$15 or more), non- refundable and non- transferable.
In order to receive important information on how fur your consent and opt-	portant Ride information including event updates, training and fundraising tips, an inds raised are being used, you need to OPT-IN to communications. You may without at any time.	d
Choose Your Lev	el Of Donation.	For more information about The Princess Margaret please visit <b>www.thepmcf.ca</b>
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) \$		
Please enter your name o	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 nam	e to appear on The Ride website.	
Select Between	Two Easy Payment Options.	
O 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	CW
Cardholder Name:	Cardholder Signa	ature:
Yes, I would like to d	cover the admin fee of 3% of the transaction total or \$5.00, whichever is great	ater, so that more money can go to conquer cancer.