## **Team Donation Form**

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



| Which event year are you do   | nating to? 20                      |                    |                             | 5  |
|---|------------------------------------|--------------------|-----------------------------|--|
| Please print your name clearly, as you wish it to appear on your tax receipt.   |                                    |                    |                             | Please mail this form with your donation to:   |
| First Name: Last Name:  |                                    |                    |                             | The Princess Margaret Cancer Foundation<br>P.O. Box 247, Stn A<br>Etobicoke, ON M9C 4V3  |
| Company Name (for business donations):  |                                    |                    |                             | ,  |
| Address:  |                                    |                    |                             | Please note the following before you send in<br>your donation:   |
| City: Province: Postal Code:  |                                    |                    |                             | All donations will be credited in Canadian dollars   |
| •   |                                    |                    |                             | We cannot accept cash donations  |
| Email (to receive tax receipt by email):  Phone (mandatory for credit card payments):   |                                    |                    |                             | <ul> <li>Donations are processed as an individual<br/>donation for each person listed, and you will<br/>receive separate tax receipts for each donation</li> </ul> |
| Please check this box if you consent to receiving communications from Ride to Conquer Cancer, including event updates, training details, fundraising tips, and information on how funds raised are being used. You may withdraw your consent by opting out at any time. |                                    |                    |                             | <ul> <li>If you donate \$15 or more, you will receive<br/>a tax receipt</li> </ul>   |
|   |                                    |                    |                             | <ul> <li>All donations are non-refundable and<br/>non-transferable</li> </ul>  |
| Who are you donating to?  | Team Name:                         |                    |                             | <ul> <li>Credit card statements will say<br/>PM CANCER FOUNDATION<br/>Toronto ON</li> </ul>  |
| Team Member:  | Participant Number (if available): |                    | Donation Amount:            | More ways to donate:   |
|   |                                    |                    |                             | <ul> <li>Ask your company if they provide matching gifts for donations</li> </ul>  |
|   |                                    |                    |                             | Donate online at Ride2Conquer.ca   |
|   |                                    |                    |                             | Many people leave a gift in their will to charities that are important in their life.  |
|   |                                    |                    |                             | Please have someone contact me about leaving a gift to The Princess Margaret Cancer Foundation.  |
|   |                                    |                    |                             | Please enter your name as you would like it to appear on the participant's Honour Roll:  |
| For additional names, please use an additional sheet. Page 1 T  |                                    | Page 1 Total       | :                           | I prefer not to show the amount of my gift   |
|   |                                    | Page 2 Total       | :                           | on the participant's Honour Roll.  |
| each team member adds up to the total.  |                                    | Final Total        | :                           | I do not want my name to appear on the Ride to Conquer Cancer website.   |
| Select between two easy paym  | ent options:                       |                    |                             |  |
| Personal Cheque Single paym   | ent in full only. Please make ch   | neques payable to: | The Ride to Conquer Cance   | er. Include participant name and number on all cheques.  |
| Credit Card Single payment in f   | ull only. Payment will be proces   | ssed immediately ι | upon the processing of this | form by the donation office.   |
| Visa  | Mastercard Ai                      | mex                |                             |  |
| Card Number:  |                                    |                    | Exp:                        | cvv: L   |
| Cardholder Name: Cardholder Signature:  |                                    |                    |                             |  |