Individual Donation Form





Which event year are you donating t	0? 20	Disease well this forms with your description to
Who are you donating to?		Please mail this form with your donation to:
	_ Participant Number (if known):	The Princess Margaret Cancer Foundation 610 University Ave.
Team Name (if applicable):		Toronto, ON M5G 2M9
		Please note the following before you send in your donation:
	u wish it to appear on your tax receipt.	 Each cheque must come with its own donation form
	Last Name:	All donations will be credited in Canadian
Company Name (for business donations):		dollars
Address:		 We cannot accept cash donations If you donate \$15 or more, you will receive
City: Province:	Postal Code:	a tax receipt
Email (to receive tax receipt by email):		 All donations are non-refundable and non-transferable
Phone (mandatory for credit card payments):		Credit card statements will say
Please check this box if you consent to receiving communications from Journey to Conquer Cancer, including		PM CANCER FOUNDATION Toronto ON
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.		More ways to donate:
		Ask your company if they provide
		matching gifts for donations
Choose your level of donation:		Donate online at Journey2Conquer.ca
We're grateful for anything you can give. Every dollar helps	s save more lives.	
\$50	Many people leave a gift in their will to charities that are important in their life.	
\$100	Please have someone contact me about leaving a gift to Tr	e Princess Margaret Cancer Foundation.
\$150		
\$300	Please enter your name as you would like it to appear on the participant's Honour Roll:	
\$500		
\$	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 Journey to Conquer Cancer website.	
Salaat hatusaan tura aaay naymant antis	ano.	
Select between two easy payment option	ills.	
Personal Cheque Single payment in full only. Please make cheques payable to: Journey to Conquer Cancer. Include participant name and number on all cheques.		
Credit Card Single payment in full only. Payment will be processed immediately upon the processing of this form by the donation office.		
Visa Mastercard Amex		
Card Number:		
Cardholder Name:	Cardholder Signature:	