Team Donation Form

First Name:

Address:

Team Member:

Email (to receive tax receipt by email):

Who are you donating to?

Phone (mandatory for credit card payments):

withdraw your consent by opting out at any time.

City: ____

Thank you for donating to the Journey to Conquer Cancer[®] benefitting The Princess Margaret.

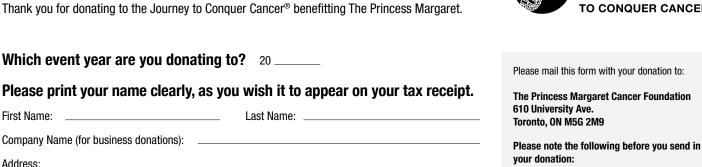
Province: _____ Postal Code: _____

Please check this box if you consent to receiving communications from Journey to Conquer Cancer, including

event updates, training details, fundraising tips, and information on how funds raised are being used. You may

Participant Number (if available):

Team Name: ____



All donations will be credited in Canadian dollars •

THE PRINCESS MARGARET

- 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 non-refundable and non-transferable
- Credit card statements will say PM CANCER FOUNDATION Toronto ON

More ways to donate:

Ask your company if they provide matching gifts for donations

I do not want my name to appear on

the Journey to Conquer Cancer website.

Donate online at Journey2Conquer.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 Total:	I prefer not to show the amount of my gift
Note: Please make sure the breakout of donations to	Page 2 Total:	on the participant's Honour Roll.

Donation Amount:

Select between two easy payment options:

each team member adds up to the total.

Single payment in full only. Please make cheques payable to: Journey to Conquer Cancer. Include participant name and number on all cheques. **Personal Cheque** Single payment in full only. Payment will be processed immediately upon the processing of this form by the donation office. **Credit Card**

Final Total:

	Visa			I	Mastercard				Amex											
Card Number:														E	Exp:			C	CVV: _ _	
Cardholder Name:													_	C	Cardholder	Signa	ture:			

Yes, I would like to cover the admin fee of 3% of the transaction total to a maximum of \$25.00, so that more money can go to Conquering Cancer.