Individual Donation Form

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



Which event year are you do	nating to? 20	Discos astillation forms with your depotion 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. Toronto, ON M5G 2M9			
Team Name (if applicable):		Please note the following before you send in your donation:			
Please print your name clear	Each cheque must come with its own donation form				
	Last Name:	All donations will be credited in Canadian dollars			
Address:		We cannot accept cash donations			
	9: Postal Code:	If you donate \$15 or more, you will receive 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 PM CANCER FOUNDATION Toronto ON			
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	1:	• Donate online at Journey2Conquer.ca			
We're grateful for anything you can give. Every	dollar helps 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 The Princess Margaret Cancer Foundation.				
\$150					
	Please enter your name as you would like it to appea	ar 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.

Select between two easy payment options:

\$300

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:				Exp:	CVV:		
Cardholder Name:				Cardholder Signature:			

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.