Team Donation Form

Thank you for donating to the Northern Pass to Conquer Cancer[™] benefitting The Princess Margaret.



benefitting the trineess waigaret.

| Which event year are you do | onating to? 20 | | Please mail this form with your donation to: |
|--|---|---|--|
| Please print your name clear | The Princess Margaret Cancer Foundation 610 University Ave. Toronto, ON M5G 2M9 | | |
| First Name: Last Name: | | | |
| Company Name (for business donations |): | | Please note the following before you send in |
| Address: | | | your donation: |
| City: Province: Postal Code: | | | All donations will be credited in Canadian dollars |
| Email (to receive tax receipt by email): | | | We cannot accept cash donationsDonations are processed as an individual |
| Phone (mandatory for credit card payments): | | | donation for each person listed, and you will receive separate tax receipts for each donation |
| Please check this box if you consent to receiving communications from Northern Pass 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. | | | If you donate \$15 or more, you will receive a tax receipt |
| | | | All donations are non-refundable and non-transferable |
| Who are you donating to? | Team Name: | | Credit card statements will say PM CANCER FOUNDATION Toronto ON |
| Team Member: | Participant Number (if available): | Donation Amount: | More ways to donate: |
| | _ | | Ask your company if they provide matching gifts for donations |
| | | | Donate online at NorthernPass.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 additi | onal sheet. Pag | e 1 Total: | |
| Note: Please make sure the breakout of de | onations to Page | e 2 Total: | I prefer not to show the amount of my gift on the participant's Honour Roll. |
| each team member adds up to the total. | Fin | nal Total: | I do not want my name to appear on the Northern Pass to Conquer Cancer website. |
| Select between two easy payn | nent options: | | |
| | nent in full only. Please make cheques pa | wahla to: Northarn Pass Include nartic | inant name and number on all cheques |
| i orodinar omogad | | | · |
| Credit Card Single payment in | full only. Payment will be processed imm | ediately upon the processing of this fo | orm by the donation office. |
| Visa | Mastercard Amex | | |
| Card Number: | | Exp: | cvv : |
| Ossella della Massa | | | |