



Donation Form

Thank you for donating to the Northern Pass to Conquer Cancer™ benefiting Princess Margaret Cancer Centre.

Which event year are you donating to? 20_____

Who are you donating to?

Name: _____ Participant Number (if known): _____

Team Name (if applicable): _____

Donate to individual Donate to team

Print your name clearly, as you wish it to appear on your tax receipt.

First Name: _____ Last Name: _____

Company Name (for business donations): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email (to receive tax receipt by email): _____

Phone (mandatory for credit card payments): _____

In order to receive important information including event updates, training and fundraising tips, and information on how funds raised are being used, you need to OPT-IN to communications. You may withdraw your consent and opt-out at any time.

Choose your level of donation:

We're grateful for anything you can give. Every dollar counts in the fight to save lives!

- Honorary Rider \$1,000
- Crusader \$750
- Speedster \$500
- Explorer \$250
- Roadie \$150
- Free Wheeler (any amount) \$ _____

Payments Over Time

_____ monthly payments of \$ _____ (Monthly payments must be \$25 or higher and cannot extend beyond Dec. 31, 2023).

Please have someone contact me about leaving a gift to The Princess Margaret Cancer Foundation.

Please enter your name or message as you would like it to appear on the participant's Honour Roll: _____

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 Northern Pass website.

Select between two easy payment options:

Personal Cheque Single payment in full only. Please make cheques payable to: Northern Pass. Include participant name and number on all cheques.

Credit Card Single or monthly payments. Your monthly statement(s) will read Northern Pass. Payments commence immediately upon the processing of this form by the donation office.

Visa Mastercard Amex

Card Number _____ Exp _____ CW _____

Cardholder Name: _____ Cardholder Signature: _____

Yes, I would like to cover the admin fee of 3% of the transaction total or \$25.00, whichever is greater, so that more money can go to conquer cancer.

Please mail this form with your donation to this address:

**The Princess Margaret Cancer Foundation Mail:
610 University, Toronto ON, M5G 2M9**

Or donate online at **NorthernPass.ca**

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars.
- **We cannot accept cash donations.**
- All donations are 100% tax deductible, tax receiptable (if you donate \$15 or more), non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

Send larger donations via courier to this address:
700 University Ave, 4th Floor Toronto, ON M5G 1Z5

For more information about The Princess Margaret, please visit www.thepmcf.ca