Individual Donation Form

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

THE PRINCESS MARGARET NORTHERN PASS TO CONQUER CANCER™

Which event year are you donating to? 20 _____

Who are you donating to?

Name: _____ Participant Number (if known): _____

Team Name (if applicable): _____

Please 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): _____

☐ Please check this box if you consent to receiving communications from Northern Pass to Conquer Cancer, including event updates, fundraising tips, and information on how funds raised are being used. You may withdraw your consent by opting out at any time.

Please mail this form with your donation to:

The Princess Margaret Cancer Foundation
610 University Ave.
Toronto, ON M5G 2M9

Please note the following before you send in your donation:

- Each cheque must come with its own donation form
- All donations will be credited in Canadian dollars
- We cannot accept cash donations
- 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
- Donate online at **NorthernPass.ca**

Choose your level of donation:

We're grateful for anything you can give. Every dollar helps save more lives.

- ◯ **Honourary Rider** $1,000
- ◯ **Crusader** $750
- ◯ **Speedster** $500
- ◯ **Explorer** $250
- ◯ **Roadie** $250
- ◯ **Free Wheeler** (any amount) $ _____

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:

_____

☐ 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 to Conquer Cancer 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 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 or $25.00, whichever is greater, so that more money can go to Conquering Cancer.