## **Team Donation Form**

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



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| which event year are you do  | onating to? 20  |   | Please mail this form with your donation to:   |
|--|---|---|--|
| Please print your name clear   | rly, as you wish it to appear   | on your tax receipt.                    | The Princess Margaret Cancer Foundation  |
| First Name:  | Last Name:  |   | 610 University Ave.<br>Toronto, ON M5G 2M9   |
| Company Name (for business donations)                                | s):   |   | Please note the following before you send in   |
| Address:   |   |   | your donation:   |
| City: Provinc  |   |   | All donations will be credited in Canadian dollars   |
| Email (to receive tax receipt by email):                             |   |   | We cannot accept cash donations  |
| Phone (mandatory for credit card payme                               |   |   | <ul> <li>Donations are processed as an individual<br/>donation for each person listed, and you will<br/>receive separate tax receipts for each donation</li> </ul> |
| including event updates, training detai                              | o receiving communications from Northern I<br>ils, fundraising tips, and information on how |   | If you donate \$15 or more, you will receive<br>a tax receipt  |
| You may withdraw your consent by op                                  | ting out at any time.   |   | <ul> <li>All donations are non-refundable and<br/>non-transferable</li> </ul>  |
| Who are you donating to?   | Team Name:  |   | <ul> <li>Credit card statements will say<br/>PM CANCER FOUNDATION<br/>Toronto ON</li> </ul>  |
| 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 additional sheet.  Page 1 Total: |   | 1 Total:                                | I prefer not to show the amount of my gift   |
| each team member adds up to the total.                               |   | 2 Total:                                | on the participant's Honour Roll.  |
|  |   | l Total:                                | I do not want my name to appear on the Northern Pass to Conquer Cancer website.  |
| Select between two easy paym   | nent options:   |   |  |
| Personal Cheque Single payn  | ment in full only. Please make cheques paya   | able to: Northern Pass. Include partici | pant name and number on all cheques.   |
| Credit Card Single payment in  | full only. Payment will be processed immed  | liately upon the processing of this for | m by the donation office.  |
| Visa   | Mastercard Amex   |   |  |
| Card Number:   |   | Exp:                                    | CVV:   |
| Cardhaldar Nama  |   | Cardhaldar Cianatura                    |  |