

RACE ROSTER SPRING RUN-OFF DONATION FORM

Name of Individual or Team you're Supporting: _____

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

First Name

Last Name

Company Name

Suite/Apt. No.

Mailing Address

City

Province

Postal Code

Phone (Mandatory for Credit Card Payments)

Email Address (To receive tax receipt by email)

Donation Amount \$ _____

- Check this box if you prefer not to show the amount of your gift on the participant's Honour Roll.
 Check this box if you do not want your name to appear on the website's Honour Roll.

Payment Options

Personal Cheque – Please make cheques payable to: Princess Margaret Cancer Foundation

Credit Card: Visa MasterCard Amex

Credit Card Number

Expiry Date

CCV Number (3 digits)

Signature

Please mail this form with your donation to:

The Princess Margaret Cancer Foundation

Kat Aptekar, Coordinator, Special Events

610 University Avenue Toronto ON M5G 2M9

Fax: 416.946.6563

If you have any questions, please contact Kat Aptekar at 416-946-2066 or kat.aptekar@thepmcf.ca

Tax receipts are issued for donations of \$15 or more.

Charitable Number 88900 7597 RR0001

Privacy Note: The Princess Margaret Cancer Foundation respects your privacy. We do not trade, rent or sell the names of our valued supporters.