

2018 JOURNEY TO CONQUER CANCER DONATION FORM

Name of Participant You're Supporting: Print your name clearly, as you wish it to appear on your tax receipt.				
				First Name
Company Name				
Suite/Apt. No.	Mailing Addre	ess		
City		Province	Postal Code	
Phone (Mandatory for Credit Card Payments) Email Address (To receive tax receipt by email				
Donation A	mount \$			
☐ Check th	his box if you prefer not	to show the amount of y	our gift on the participant's Honour Roll.	
☐ Check th	his box if you do not wa	nt your name to appear o	on the website's Honour Roll.	
Payment Op		payable to: The Princes	s Margaret Cancer Foundation	
Charitable Number	r 88900 7597 RR0001			
Credit Card:	□ Visa	☐ MasterCard	☐ Amex	
Card Number				
Expiry Date	CCV (3 digit number or	the back of the card)	Signature	
	rm with your donation to:	Princess Margaret Ca	waay Farradatian	

c/o Journey to Conquer Cancer - The Princess Margaret Cancer Foundation

610 University Avenue Toronto ON M5G 2M9

Fax: 416.946.6563

If you have any questions, please contact the Run or Walk Hotline at: 416.946.6584 or email runorwalk@thepmcf.ca

Please visit www.runowalk.ca for all the information about this event

Thank you for your support!

Privacy Note: The Princess Margaret Cancer Foundation respects your privacy. We do not trade, rent or sell the names of our valued supporters. Should you wish to be to be removed from our fundraising list(s), please contact us at 416.946.2114 or email us at list.removal@pmhf.ca