



DONATION FORM

Today's Date: _____

Name of Participant you are 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 \$ _____

Payment Options

Personal Cheque – Please make cheques payable to: The Princess Margaret Cancer Foundation
Charitable Number 88900 7597 RR0001

Credit Card: Visa MasterCard Amex

Card Number _____

Expiry Date _____ CCV (3 digit number on the back of the card) _____ Signature _____

Please mail this form with your donation to:

c/o David Gilchrist, Manager, Community Events, 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

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 removed from our fundraising list(s), please contact us at 416.946.2114 or email us at list.removal@pmhf.ca