

PARTICIPANT DONATION FORM - CANADIAN FUNDS



PRINT YOUR INFORMATION CLEARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT.

Name of Participant you are supporting*: _____

First Name*: _____ Last Name*: _____

Company Name: _____

Suite/Apt. No. Mailing Address*: _____

City*: _____ Province*: _____ Postal Code*: _____

Contact Phone: _____ Email: _____
Mandatory for credit card payments To receive tax receipt by email

Donation Amount \$ _____ (CAD Dollars)

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 Check – Please make checks payable to: The Princess Margaret Cancer Foundation

Credit Card:

Visa MasterCard Amex Card Number: _____

Expiry Date: _____ CVV: _____ Signature: _____

Please mail this form with your donation to:

Colour to Conquer

c/o The Princess Margaret Cancer Foundation
610 University Avenue Toronto ON M5G 2M9
Fax: 416.946.6563

- If you have any questions, please email info@colourtoconquer.ca.
- Visit www.ColourToConquer.ca for more information about this campaign.
- Tax receipts are issued for donations of \$15 or more.

Privacy Note:

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

www.ColourToConquer.ca
www.ThePMCF.ca

BENEFITING

Princess Margaret
Cancer Centre UHN

610 University Avenue
Toronto, ON M5G 2M9
Charitable Organization No. 88900 7597 RR0001
C2C_Donation_Participant_Canada_Form