Individual Donation Form

Thank you for donating to the Road Hockey to Conquer Cancer® benefitting The Princess Margaret.

Which event year are you donating to)? 20			
Who are you donating to?	Please mail this form with your donation to:			
Name:	The Princess Margaret Cancer Foundation 610 University Ave. Toronto, ON M5G 2M9			
Team Name (if applicable):	u wish it to appear on your tax receipt.	Please note the following before you send in your donation:		
		 Each cheque must come with its own donation form 		
		All donations will be credited in Canadian dollars		
Address:	• We cannot accept cash donations			
City: Province:	Postal Code:	 If you donate \$15 or more, you will receive a tax receipt 		
Email (to receive tax receipt by email):	 All donations are non-refundable and non-transferable 			
Phone (mandatory for credit card payments):		Credit card statements will say PM CANCER FOUNDATION Toronto ON		
		More ways to donate:		
		 Ask your company if they provide matching gifts for donations 		
Choose your level of donation: We're grateful for anything you can give. Every dollar helps	Donate online at RoadHockeyToConquerCancer.ca			
Honourary Captain\$150	Many people leave a gift in their will to charities tha	t are important in their life.		
Champion\$300	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:			
Game Saver\$600				
Clutch Player\$900				
Goal Scorer\$1,500 I prefer not to show the amount of my gift on the participant's Honour Roll.				

Free Agent \$

I do not want my name to appear on the Road Hockey to Conquer Cancer website.

THE PRINCESS MARGARET

ROAD HOCKEY TO CONQUER CANCER®

Select between two easy payment options:

Personal Chee	que Single payme	ent in full only. Please m	ake cheques payable	to: Road Hockey to Conquer Cancel	r. Include participant name and number on all cheques.	
Credit Card Single payment in full only. Payment will be processed immediately upon the processing of this form by the donation office.						
	Visa	Mastercard	Amex			
Card Number:				Exp:	CVV:	
Cardholder Name:				Cardholder Signature:		

Yes, I would like to cover the admin fee of 3% of the transaction total to a maximum of \$25.00, so that more money can go to Conquering Cancer.