ROAD HOCKEY TO CONQUER CANCER
FUELLED BY Longo's

2021 TORONTO INDIVIDUAL DONATION FORM

Please mail this form with your donation to:
The Princess Margaret Cancer Foundation
Attn: Road Hockey to Conquer Cancer
610 University Ave. Toronto, Ontario, M5G 2M9.
Or donate online at roadhockeytoconquercancer.ca

- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars.
- All donations are 100% tax deductible, and are non-refundable and non-transferable.
- If you donate $15 or more, you will receive a tax receipt.
- Ask your company if they provide matching gifts for donations.
- Do not alter this form. Doing so will cause a delay or return of the donation.

Name of Participant You're Sponsoring _____ Team Name _____

Are you donating as a(n): ❑ Individual or ❑ Corporation

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

First Name _____ Last Name _____

Company Name (Required for business donations) _____

Suite/Apt. No. _____ Mailing Address _____

City _____ Province/State _____ Postal Code _____

Phone (Mandatory for credit card payments) _____ Email Address (To receive tax receipt by email) _____

B. CHOOSE YOUR LEVEL OF DONATION

We're grateful for anything you can give. Every dollar counts in the fight to save lives!

❑ **Honorary Captain** $2,500
❑ **Champion** $1,000
❑ **Game Saver** $500
❑ **Clutch Player** $250
❑ **Goal Scorer** $100
❑ **Free Agent** ..... $_____ (ANY AMOUNT)

❑ **Paid in Full**

❑ Check this box if you would like to contribute 3% to help cover the transaction fees for this donation (ensuring more funds for cancer research). 3% will be added to your donation to offset the administrative fees so that more can go directly to the cause
❑ Check this box if you would 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 Scotiabank Road Hockey to Conquer Cancer website
❑ Please enter your name or message as you would like it to appear on the participant's Honour Roll.
_____

C. TWO EASY PAYMENT OPTIONS

1. **Personal Cheque** (Single payment in full. We cannot accept monthly payments over time with cheques.)
   Please make cheques payable to: Scotiabank Road Hockey to Conquer Cancer
   Please include participant and team name on all cheques. All donations will be credited in Canadian dollars.
2. **Credit Card** (Single payment or monthly payments) ❑ Visa ❑ MasterCard ❑ Amex

Signature _____ Date _____

Card Number _____ Expiry Date _____

CVV Number (*Required to process credit card payments)

IMPORTANT: Your monthly statement will read PMCF RHCC. Payments commence immediately upon the processing of this form by the donation office. Donations are non-refundable and non-transferable. All donations will be charged in Canadian dollars.

For more information about The Princess Margaret, please visit **www.thepmcf.ca**
To register, or for more information about Scotiabank Road Hockey to Conquer Cancer, please visit **roadhockeytoconquercancer.ca** or call us at **1.877.541.4646**

Privacy Notice: Scotiabank Road Hockey to Conquer Cancer respects your privacy. We do not trade, rent or sell the names of our valued supporters. You may opt out of our mailing list at any time by contacting **1.877.541.4646** or **roadhockeytoconquercancer.ca**