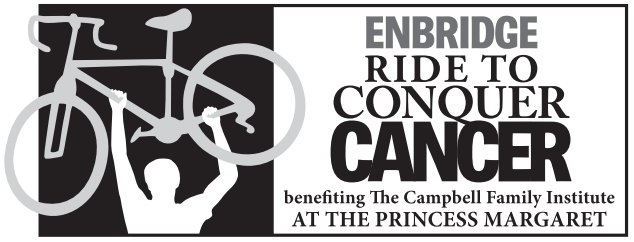
2011 TORONTO
TEAM DONATION FORM



Please mail this form with your donation to:
The Princess Margaret Hospital Foundation
PO Box 3900, STN DON MILLS, Toronto, ON M3C 4C3
Or donate online at conquercancer.ca

- This form is designed to make donating to a team as easy as possible. However, donations are still processed as an individual donation for each person listed, and you will receive separate tax receipts for each donation.
- Mail donations to the address above. Do not send donations to **The Enbridge Ride to Conquer Cancer®** office.
- Each cheque must come with its own donation form.
- All donations will be credited in Canadian dollars. We cannot accept cash donations.
- All donations are 100% tax receiptable, and are non-refundable and non-transferable.
- If you donate $10 or more, you will receive a tax receipt in the mail.
- Ask your company if they provide matching gifts for donations.
- Do not alter form. Doing so will cause a delay or return of the donation.

Name of Donor _____ Name of Team You're Sponsoring _____

Donor Address _____ City _____ Province _____ Postal Code _____

For more information about The Princess Margaret, please visit www.pmhf.ca.

To register, or for more information about The Enbridge Ride to Conquer Cancer, please visit conquercancer.ca or call us at (877) 699-BIKE.

Privacy Notice: The Enbridge Ride 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 (877) 699-BIKE or ontarioguides@conquercancer.ca.

PRINT NAMES OF THE TEAM MEMBERS YOU ARE SUPPORTING AND DONATION AMOUNT

Team Member	Participant Number (if available)	Amount of Donation

For additional names, please use additional sheet.

Page 1 Total: _____

Page 2 Total: _____

Final Total: _____

Note: Please make sure the breakout of donations to each team member adds up to the total.

TWO EASY PAYMENT OPTIONS

1. Cheque (Single payment in full)
Please make cheques payable to: The Enbridge Ride to Conquer Cancer
Please include team name on all cheques. All donations will be credited in Canadian dollars.

2. Credit Card (Single payment) ❑ **Visa** ❑ **MasterCard** ❑ **Amex**

Card Number _____ Exp. Date _____ Signature _____

IMPORTANT: Your monthly statement(s) will read The Enbridge Ride to Conquer Cancer.
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.

Signature _____ Date _____

SKU#110104RCTOEN

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additional names

ENBRIDGE RIDE TO CONQUER CANCER
benefiting The Campbell Family Institute AT THE PRINCESS MARGARET

Name of Donor: ______________________

Name of Team You're Sponsoring: ______________________

PRINT NAMES OF THE TEAM MEMBERS YOU ARE SUPPORTING AND DONATION AMOUNT

Team Member	Participant Number (if available)	Amount of Donation

Total: ____________