2009 OTTAWA
TEAM DONATION FORM

The Weekend to End Breast Cancer® benefiting Ottawa Regional Cancer Foundation

Le Week-end Pour vaincre Le cancer du sein au bénéfice de Fondation du Cancer de la région d'Ottawa

Please mail this form with your donation to:
Ottawa Regional Cancer Foundation I The Weekend to End Breast Cancer
PO Box 879, STN B, Ottawa, ON K1P 5P9
Or donate online at www.endcancer.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 Weekend to End Breast 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's Email _____

Donor Address _____ City _____ Province _____ Postal Code _____

For more information about the Ottawa Regional Cancer Foundation, please visit www.orcfoundation.ca

To register, or for more information about The Weekend to End Breast Cancer, please visit www.endcancer.ca or call us at 613.722.7224.

The Ottawa Regional Cancer Foundation registered charity number is; 89831 1170 RR0001

Privacy Notice:
The Weekend to End Breast 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 613.722.7224 or ottawacoaches@endcancer.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 cheque payable to: The Weekend to End Breast Cancer
Please include team name on all cheques.

2. Credit Card (Single payment or monthly payments) ○ **Visa** ○ **MasterCard** ○ **Amex**

Card Number _____ Exp. Date _____

IMPORTANT: Your monthly statement(s) will read The Weekend to End Breast 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 _____

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additional names

Name of Donor

Name of Team You're Sponsoring

Donor's Email

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

Team Member	Participant Number (if available)	Amount of Donation

Total: