

Team Donation Form

Thank you for donating to the 2014 Shoppers Drug Mart® Weekend to End Women's Cancers™ benefiting Princess Margaret Cancer Centre



Donor Information

Name _____ Email _____

Address _____

City _____ Province _____ Postal Code _____

In order to receive important Weekend information including event updates, training and fundraising tips, and information on how funds raised are being used, you need to OPT-IN to communications. You may withdraw your consent and opt-out at any time.

Please send me Weekend updates, news and information and other commercial messages via (select all that apply):

- Email
- Robocall
- SMS message

Please mail this form with your donation to this address:

Princess Margaret Cancer Foundation
The Weekend to End Women's Cancers
PO Box 3900 STN DON MILLS
Toronto ON M3C 4C3

Or donate online at endcancer.ca

Who are you donating to?

Team Member	Participant Number (if available)	Amount of Donation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For additional names, please use additional sheet.

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

Name of Team You're Sponsoring _____

Page 1 Total:

Page 2 Total:

Final Total:

- All donations will be credited in Canadian dollars. We cannot accept cash donations.
- Donations are processed as an individual donation for each person listed, and you will receive separate tax receipts for each donation.
- If you donate \$10 or more, you will receive a tax receipt.
- All donations are 100% tax deductible, non-refundable and non-transferable.
- Ask your company if they provide matching gifts for donations.

Select between two easy payment options.

Personal Cheque Single payment in full only. Please make cheques payable to: The Weekend to End Women's Cancers. Include participant name and number on all cheques.

Credit Card Single or monthly payments. Your monthly statement(s) will read The Weekend to End Women's Cancers. Payments commence immediately upon the processing of this form by the donation office.

Card Number

Exp

Cardholder Name _____

Visa Mastercard Amex

Cardholder Signature _____

