Individual Donation Form

Thank you for donating to the Walk 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:	Participant Number (if known):	The Princess Margaret Cancer Foundation 610 University Ave. Toronto, ON M5G 2M9
Team Name (if applicable):		Please note the following before you send
Please print your name clearly, as you	wish it to appear on your tax receipt.	in your donation:
	Last Name:	 Each cheque must come with its own donation form
Company Name (for business donations):		 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
		 All donations are non-refundable and non-transferable
Phone (mandatory for credit card payments): Please check this box if you consent to receiving communications from Walk to Conquer Cancer, including event updates, training details, fundraising tips, and information on how funds raised are being used. You may withdraw your consent by opting out at any time. • Credit card statements will say PM CANCER FOUNDATION Toronto ON **More ways to donate:*		
Choose your level of donation: We're grateful for anything you can give. Every dollar helps:	save more lives.	 Ask your company if they provide matching gifts for donations Donate online at Walk2Conquer.ca
Trekker\$150	Many people leave a gift in their will to charities that	are important in their life.
Trailblazer\$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:	
Groundbreaker\$600 Torchbearer\$900		
Hero\$1,500 Adventurer\$	I prefer not to show the amount of my gift on the participant's Honour Roll. I do not want my name to appear on the Walk to Conquer Cancer website.	
	Please make cheques payable to: Walk to Conquer Cancer. Include ent will be processed immediately upon the processing of this form rd Amex	
Cardholder Name:	Cardholder Signature:	