Donation Form

Cardholder Signature:

Thank you for donating to The Princess Margaret Walk to Conquer Cancer.



Who are you donating to?		Please mail this form with your donation to this address:
Name:	Participant Number (if known):	
Team Name (if applicable):		The Princess Margaret Cancer Foundation Mail: 610 University Ave. Toronto, ON M5G 2M9
Print your name clearly, as you wi	sh it to appear on your tax receipt.	Or donate online at walk2conquer.ca
First Name: Last Name:		Each cheque must come with its
Company Name (for business donations):		own donation form.
Address:		 All donations will be credited in Canadian dollars.
	Postal Code:	 We cannot accept cash donations.
		If you donate \$15 or more, you will receive a tax receipt.
In order to receive important Walk to Conquer Cancer 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.		 All donations are non-refundable and non- transferable.
		 Ask your company if they provide matching gifts for donations.
		Credit card statements will say PM CANCER FOUNDATION
Choose your level of donation.		Toronto ON.
We're grateful for anything you can give. Every d	ollar counts in the fight to save lives!	
Trekker\$150	Payments Over Time	
Trailblazer\$300	monthly payments of \$ (Monthly pextend beyond Dec. 31, 2022). Payments are only avai	
Groundbreaker\$600	Many people leave a gift in their will to charit	ties that are important in their life
Torchbearer\$900	Please have someone contact me about leaving a gift to The Princess Margaret Cancer Foundation.	
Hero\$1,500	Please enter your name as you would like it to appear	r on the participant's Honour Roll:
Adventurer \$		
I do not want my name to appear on the Walk to Cor		uer Cancer website.
Select between two easy paymen	t options.	
Personal Cheque Single payment in full only.	Please make cheques payable to: Walk to Conquer Cancer.	
Credit Card Single or monthly payments. Paym	nents commence immediately upon the processing of this form b	by the donation office.
Visa Mastercard Amex		
	_	Voc. I would like to sever the admin for
Card Number:	Exp:	Yes, I would like to cover the admin fee of 3% of the transaction total or \$25.00,
Cardholder Name:	CVV:	whichever is greater, so that more money can go to conquer cancer.