



2008 Donation Form

Please mail this form with your donation to:
The Princess Margaret Hospital Foundation
P.O. Box 41474, Station BRM B, Toronto, ON M7Y 7E1
 Or donate online at www.conquercancer.ca

- Mail donations to the address above. Do not send donations to **The 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 deductible, 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.

M./Mr. Allan G. Nicholls

521015-8

Name of Participant You're Supporting

Participant ID Number

1. Print your name clearly, as you wish it to appear on your tax receipt.

First Name		Last Name	
Company Name (For business donations only)			
Suite/Apt. No.		Mailing Address	
City		Province/State	Postal Code/ZIP
Phone (Mandatory for Credit Card Payments)		Email Address (To receive tax receipt by email)	

No, I would not like to receive periodic updates (i.e., newsletters, annual reports) about advances in cancer at Princess Margaret Hospital.

For more information about Princess Margaret Hospital, please visit www.pmf.ca.

2. Choose Your Level of Donation

We're grateful for anything you can give. Every dollar counts in the fight to save lives!

- | | |
|---|---|
| <input type="checkbox"/> Honourary Rider \$2,500 | <input type="checkbox"/> Explorer \$500 |
| <input type="checkbox"/> Crusader \$1,500 | <input type="checkbox"/> Roadie \$250 |
| <input type="checkbox"/> Speedster \$1,000 | <input type="checkbox"/> Free Wheeler \$ _____ |
- (any amount)

- Paid in Full**
- Payment Over Time**
- _____ monthly payments of \$ _____ (amount) (Monthly payments must be \$25 or higher and cannot extend beyond Dec. 31, 2008.)

- Check this box if you prefer not to show the amount of your gift on the participant's Honour Roll.
- Check this box if you do not want your name to appear on The Ride to Conquer Cancer website.
- Please enter your name or message as you would like it to appear on the participant's Honour Roll.
- _____
- No, I do not want my name to appear in any Princess Margaret Hospital publications.

To register, or for more information about The Ride to Conquer Cancer, please visit www.conquercancer.ca or call us at (416) 815-RIDE (7433).

Privacy Notice:

The 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 (416) 815-RIDE (7433) or infoTO@conquercancer.ca.

3. Two Easy Payment Options

Credit card only for monthly payments over time.

1. Personal Cheque (Single payment in full. We cannot accept monthly payments over time with cheques.)

Please make cheques payable to: The Ride to Conquer Cancer.

Please include participant name and participant number on all cheques. All donations will be credited in Canadian dollars.

2. Credit Card (Single Payment or Monthly Payments) **Visa** **MasterCard**

Card Number	Exp. Date	Signature
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IMPORTANT: Your monthly statement(s) will read The 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



University Health Network