# 2011 TORONTO INDIVIDUAL DONATION FORM

Please mail this form with your donation to:
**The Princess Margaret Hospital Foundation**
**946 Lawrence Ave East, PO BOX 47529, Don Mills, ON M3C 3S7**
Or donate online at teamuptoconquercancer.ca

- Mail donations to the address above. Do not send donations to ROAD HOCKEY 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.
- Ask your company if they provide matching gifts for donations.
- Do not alter this form. Doing so will cause a delay or return of the donation.

Name of Participant You're Sponsoring _____ Participant ID Number _____

Are you donating as a(n): ❑ Individual or ❑ Corporation

## A. PRINT YOUR NAME CLEARLY, AS YOU WISH IT TO APPEAR ON YOUR TAX RECEIPT

First Name _____ Last Name _____

Company Name (Required for business donations) _____

Suite/Apt. No. Mailing Address _____

City _____ Province/State _____ Postal Code _____

Phone (Mandatory for credit card payments) _____ Email Address (To receive tax receipt by email) _____

## B. CHOOSE YOUR LEVEL OF DONATION

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

❑ **Honorary Captain** ..... $1,250
❑ **Champion** ..... $1,000
❑ **Game Saver** ..... $500
❑ **Clutch Player** ..... $250
❑ **Goal Scorer** ..... $100
❑ **Free Agent** ..... $_____ (Any Amount)

❑ Check this box if you would 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 ROAD HOCKEY TO CONQUER CANCER website.
❑ Please enter your name or message as you would like it to appear on the participant's Honour Roll.
_____

❑ **Paid in Full**
❑ **Payment Over Time** (Credit Cards Only)
_____ monthly payments of
$ _____ (amount)
(Monthly payments must be $25 or higher and cannot extend beyond Sept 30, 2011)

## C. TWO EASY PAYMENT OPTIONS

1. **Personal Cheque** (Single payment in full. We cannot accept monthly payments over time with cheques.)
   Please make cheques payable to: ROAD HOCKEY 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 ❑ Amex

Signature _____ Date _____

Card Number _____ Expiry Date _____

**IMPORTANT: Your monthly statement will read PMHF RHTCC.** 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.

The Princess Margaret Hospital Foundation
University Health Network

For more information about The Princess Margaret, please visit www.pmhf.ca
To register, or for more information about ROAD HOCKEY TO CONQUER CANCER, please visit **teamuptoconquercancer.ca** or call us at **1.877.541.I'M IN (4646)**

**Privacy Notice:** ROAD HOCKEY 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 **1.877.541.I'M IN (4646)** or **info@teamuptoconquercancer.ca**