



a proud partnership of
**CancerCare Manitoba
Foundation**
**Children's Hospital
Foundation of Manitoba**

2018 Donation Form

Name of Paddler you are supporting _____

DONOR INFORMATION for the official tax receipt (*Mailing address required – including for electronic receipts*)

PLEASE PRINT:

First Name _____ Last Name _____

If this is a business donation and you would like the tax receipt in your company name, please check here _____

Company Name _____

Address _____ City _____ Prov _____ Postal Code _____

Phone (mandatory for credit card payments) Day _____ Eve _____

To receive your tax receipt by email, please provide your email below.

Email _____

If you prefer your name does not appear on the participant's Challenge for Life fundraising page, please check here to have your donation show as "Anonymous". _____ PLEASE NOTE: The participant you have supported will have access to your name and the amount you have donated.

PAYMENT INFORMATION

Enclosed is my/our gift of: \$_____ *Tax receipts automatically sent for gifts of \$15 or more.*

Please make your cheque payable to the **CancerCare Manitoba Foundation**

For Credit Card Payments

Card # _____

Signature _____ Expiry Date ____/____/____

Card Holder Name: _____

PLEASE RETURN THIS FORM TOGETHER WITH PAYMENT TO:

CancerCare Manitoba Foundation
1160-675 McDermot Ave
Winnipeg, MB R3E 0V9
Fax: 204-786-0627
Phone: 204-927-5433 (outside Winnipeg 1-877-407-2223)

We would like to keep in touch. Please check one of the following options

- Please keep me informed on all fundraising activities
- Please mail newsletters only
- Please do not send any mail or contact me by phone

For our Privacy Policy, please visit cancercarefdn.mb.ca

THANK YOU FOR SUPPORTING MANITOBA KIDS AND THEIR FAMILIES LIVING WITH CANCER.