



DONATION FORM

Event Name: _____

DONOR INFORMATION *Mailing address is required for official tax receipt - including 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 provide company info instead of personal.

Company Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone # Home: _____ Mobile: _____ or Work: _____

*** I wish to help save on postage costs and receive all tax receipts electronically:**

Email: _____

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 #: _____ Card Holder Name: _____

Signature: _____ Expiry Date: _____ / _____

PLEASE RETURN THIS FORM TOGETHER WITH PAYMENT TO:

CancerCare Manitoba Foundation

1160-675 McDermot Ave

Winnipeg, MB R3E 0V9

Fax: 204-786-0627

Phone: 204-787-4177 (outside Winnipeg 1-877-407-2223)

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

**THANK YOU FOR SUPPORTING MANITOBIANS IMPACTED
BY A CANCER DIAGNOSIS.**

WE WOULD LIKE TO KEEP IN TOUCH.

Please check one of the following options:

- ☐ Only send me the Impact Report and biannual newsletters
- ☐ Please do not send me further mail
- ☐ I do not wish for my donation to be publicly recognized

* By providing your email address you will receive electronic communications from the Foundation. You can update your preferences or cancel your subscription from any email or by calling the Foundation.