



# 2016 DONATION FORM

I WOULD LIKE TO MAKE A DONATION AS I AM UNABLE TO ATTEND THE EVENT.

## 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: ..... Province: ..... Postal Code: .....

Phone Number *(mandatory for credit card payments)*

Day: ..... Evening: .....

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

Email: .....

If you prefer your name does not appear, please check here to have your donation show as “Anonymous”.

## 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 ..... / .....

## PLEASE RETURN THIS FORM TOGETHER WITH PAYMENT TO:

**CancerCare Manitoba Foundation**  
1160-675 McDermot Ave  
Winnipeg, MB R3E 0V9  
Fax: 204-786-0627  
Phone: 204-927-5430 (outside Winnipeg 1-877-407-2223)

*For our Privacy Policy, please visit [cancercarefdn.mb.ca](http://cancercarefdn.mb.ca)*

**Thank you for supporting the CancerCare Manitoba  
Foundation’s Gold-Plated Evening for Men’s Cancer**

## 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



*All funds raised stay in Manitoba.*