



2017 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

**Thank you for supporting CancerCare Manitoba Foundation's
The Bottom Line Evening for Colorectal 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.