



DONATION FORM

OFFICE USE ONLY

APPEAL ID:

PARTICIPANT ID:

TEAM ID:

Name of the Rider you are supporting:

➔ 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:

I prefer my name does not appear on the participant's Ride Inside online fundraising page. Please have my 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 #: 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: 204-927-5431 (Toll free 1-877-407-2223)

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

➔ 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

THANK YOU FOR SUPPORTING CHILDREN IMPACTED BY A CANCER DIAGNOSIS.



All funds raised stay in Manitoba.

* 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.