



SCOTIABANK WATERFRONT MARATHON DONATION FORM

Name of **team** or **individual** you're supporting: _____

Print your name clearly, as you wish it to appear on your tax receipt.

First Name

Last Name

Company Name

Suite/Apt. No.

Mailing Address

City

Province

Postal Code

Phone (Mandatory for Credit Card Payments)

Email Address (To receive tax receipt by email)

Donation Amount \$ _____



Check this box if you prefer not to show the amount of your gift on the participant's Honour Roll.

Payment Options

Personal Cheque – Please make cheques payable to: Princess Margaret Cancer Foundation

Credit Card:

☐ Visa

☐ MasterCard

☐ Amex

Credit Card Number

Expiry Date

CVV Number (3 digits)

Signature

Please mail this form with your donation to:

The Princess Margaret Cancer Foundation

Attn: Kate O'Friel

610 University Avenue Toronto ON M5G 2M9

Fax: 416.946.6563

If you have any questions, please contact Kate O'Friel at kate.ofriel@thepmcf.ca or 416-946-4535

Tax receipts are issued for donations of \$15 or more.

Charitable Number 88900 7597 RR0001

Privacy Note: The Princess Margaret Cancer Foundation respects your privacy. We do not trade, rent or sell the names of our valued supporters.